

TIMESHEET

Name:	
Job title:	
Payroll No:	
Client Ref:	
Order No:	
Weekly contract commences:	
Weekly contract ends:	

PLEASE INDICATE IF LUNCH BREAK WORKED THROUGH						
DAY	DATE	AM START	AM FINISH	PM START	PM FINISH	TOTAL HOURS
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
				TOTAL WEEKLY HOURS		

'I hereby certify that the above hours have been worked and agree to the charges and terms of business associated with the provision of this worker.'


Signature of Authorised Person: _____

Name of Company/Organisation/Authority: _____

PAYMENT OF WAGES INTO YOUR BANK ACCOUNT	CALCULATION OF HOURS	EXTENSION TO CONTRACT
To ensure prompt payment of your wages, please ensure we have your time-sheet by 10am the following MONDAY. If your timesheet is going to be late, please call us.	Remember to always calculate your hours to the nearest 1/4 of an hour.	Please let us know if you are asked to stay on longer than expected as you will need further timesheets.

 **Post:** The Old Chapel, St Clement Street, Truro, TR1 1EX

 **Email:** timesheets@smithandreed.co.uk

 **Fax:** 01872 279886

   smithandreed.co.uk

