

WORKERS TIME SHEET

PLEASE RETURN BY FAX NO LATER THAN
10 AM MONDAY MORNING
FAX : 01132669900



NAME :

CONTACT :

REPORT TO :

SITE :

Work to Week Ending : 22/03/15

Week No. 51

Name												
	Form	To	Hours	Form	To	Hours	Form	To	Hours	Form	To	Hours
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Total Hours												
Less Breaks												
Chargeable Total												

Client Signature: _____

Name (please print): _____

Position: _____

I/We confirm the hours given are correct. The standard of work was satisfactory and- we accept a charge for these hours. I/We agree to pay your invoice in respect of the hours given within 7 days of its date. I/We confirm that the Terms and Conditions are the sole terms of this contract. Note: Where a worker supplied enters into direct employment whether self employee- or on a contract of service with the company or associated companies/parties within months of a temporary assignment, an introduction fee of 10% of the annual salary- (based on a 40 hour week, for hourly paid workers) becomes payable forthwith,- refunds are payable