

# Timesheet



To be completed by the Temporary Worker in full to the nearest 15 minutes only using the 24 hour clock

Your Name \_\_\_\_\_

Client Name \_\_\_\_\_

Job Title \_\_\_\_\_

Client Address \_\_\_\_\_

Your Signature \_\_\_\_\_

Client Contact Name \_\_\_\_\_

Please return your completed Timesheet to our dedicated Payroll team by FAX or EMAIL by 09.00am on Monday Morning

EMAIL: [accounts@swanstaffltd.co.uk](mailto:accounts@swanstaffltd.co.uk)

						To be completed by the Authorised Signatory after completion, please retain a <b>photocopy</b> for your records		
Date	Start Time	Finish Time	Hours Total	Total Breaks Taken	Total Hours Worked	Client Signature *	Name	Date
Mon ___/___/___								
Tue ___/___/___								
Wed ___/___/___								
Thu ___/___/___								
Fri ___/___/___								
Sat ___/___/___								
Sun ___/___/___								

\*Declaration of Authorised Signatory: \_\_\_\_\_ Total \_\_\_\_\_

By signing this timesheet, I hereby certify that the details given above are a correct record of the hours, mileage and expenses of this temporary worker. I understand that an invoice will be raised from this timesheet. I also accept the Terms of Business of Swanstaff Ltd. I also confirm that I am authorised by the Client or, where applicable, the Local Authority, to sign and authorise this timesheet.

Official Use Only	
Timesheet No.	
Input By	