

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 09.30am on Monday Morning

EMAIL: accounts@swanstaffltd.co.uk

To be completed by the Authorised Signatory
after completion, please retain a photocopy for your records

Date	Start Time	Finish Time	Hours Total	Total Breaks Taken	Total Hours Worked	Sleep In Y/N	Client Signature *	Name	Date
Mon ___/___/___									
Tue ___/___/___									
Wed ___/___/___									
Thu ___/___/___									
Fri ___/___/___									
Sat ___/___/___									
Sun ___/___/___									
Total									

***Declaration of Authorised Signatory:**

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 Limited. 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	