

Company Name:

Company Contact:

Company Address:

ALL TIMESHEETS MUST BE RETURNED BY 10.00 MONDAY MORNING

	Date	Start Time	Signature	Finish Time	Signature	Breaks	Total Hours
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
Total							

CLIENT

Client Name:

Position in Company:

Client Signature:

Date: / / Order Number:

I hereby agree to the following:

- (1) Signature of timesheet confirms satisfaction of work & hours carried out by the temporary worker.
- (2) Signature of timesheet confirms acceptance of the charge rate agreed.
- (3) Signature of timesheet confirms acceptance of TOB on reverse.

TEMPORARY WORKER

I declare that the above hours I have signed for are correct and I have not been engaged in any work other than for Prodrive Personnel Ltd this week. I will notify Prodrive Personnel Ltd immediately of any other periods of work that constitutes working time as defined under working time road transport regulations undertaken during this week for other employers or employment business so that Prodrive Personnel Ltd can maintain an accurate record of my weekly working time.

Name of Temporary:

Temp's Signatory

Date: / / ID Number:

Top Copy: Customer / Middle Copy: Office / Bottom Copy: Temp Worker