



699 Warwick Road, Solihull

T 0121 705 8157

F 0121 711 7933

All details must be completed correctly and accurately. Time sheets must be signed by the employer and returned by close of business on **Friday** to ensure wages can be processed.

ORGANISATION						EMPLOYEE NAME						
INVOICE ADDRESS						SITE ADDRESS						
JOB TITLE GRAE/BANDING						WEEK COMMENCING/START DATE			PURCHASE ORDER NO			
DATE	MORNING		AFTERNOON		OVERTIME	TOTAL (EX-LUNCH)	Temporary Worker's declaration I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Signed					
	FROM	TO	FROM	TO								
MON												
TUE												
WED												
THUR												
FRI												
SAT												
SUN												
TOTAL HOURS IN WORDS												
NB If you have taken holiday and wish to be paid accrued holiday pay, please show on relevant day												

Total certified hours worked Agreed additional expenses £

Client's authorisation I am an authorised signatory for my organisation. I am signing to confirm that the hours/shift that I am authorising.

Name **Signature** **Date**

Office use only

RATE	HOURS WORKED	PAY RATE	CHARGE RATE	HOLIDAY PAY	PAYROLL NUMBER	HOLIDAY ENTITLEMENT	
						YES	NO
Normal					ADDITIONAL INFORMATION		
OT 1							
OT 2							
OT 3							

**ASSESSMENT / FEEDBACK ON THE PERFORMANCE OF THE TEMPORARY WORKER
DURING THE PERIOD COVERED BY THE TIMESHEET.**

Please ✓ as appropriate, providing additional comments in support of the statements made	Unable to comment	Poor	Satisfactory	Good	Very Good	Excellent
Skills demonstrated in line with the requirements of the position						
Relationships with other workers and the public as appropriate						
Timekeeping and management of workload						
Records management						
Reliability						
Communication skills						
Supervisory skills (if applicable)						
Organisational ability						
Sickness/absence record						
Additional comments in support of the statements made						
SIGNED DATE						