

# TIME SHEET

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# Sitrock Limited

Delivering Solutions for Companies on the Move

CLIENT NAME:	YOUR NAME:
DEPT & GRADE:	NOTES:
CLIENT ADDRESS: -	
WEEK ENDING DATE:	

TO EMPLOYEE - Use nearest Quarter Hour

DATE WORKED	Time Started	Time Finished	Less Breaks	Normal Hours	O/T Hours	<p style="text-align:center"><b>NOTICE TO TEMPORARY</b></p> <p>It is most important that all details are completed in full UPON COMPLETION of the week's work and that it is checked and signed by you. IT MUST THEN BE SIGNED WHERE INDICATED BY AN AUTHORISED PERSON ON BEHALF OF THE CLIENT. This signed timesheet must be faxed to Sitrock Ltd immediately.</p>
MON. / /						
TUES. / /						
WED. / /						
THUR. / /						
FRI. / /						
SAT. / /						
SUN. / /						
TOTAL HOURS WORKED THIS WEEK						
TOTAL HOURS IN WORDS						

OVERTIME RATE HOURS (at discretion of client) <sup>1</sup>		
Date	Overtime Rate <sup>2</sup>	Overtime Hours

1. This section should only be completed if the client has agreed a special overtime rate. Where no special rate has been agreed, weekend and evening hours should be entered under standard rate hours.

2. Overtime rate should be entered as multiplication of standard rate: eg x 1.5 = time and a half.  
 OVERTIME AGREED AND AUTHORISED BY:

<p><b>PLEASE FAX WHEN SIGNED TO</b></p> <h1 style="margin:0">01795 872 990</h1> <p>PLEASE ENSURE YOUR TIMESHEET IS FAXED BY NOON ON MONDAY FOR PROMPT PAYMENT. IF YOU ARE ON HOLIDAY PLEASE COULD YOU INFORM US.</p>	<p>Budget Code/Order No/Booking Ref.</p>
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**FOR TEMPORARY STAFF:** I hereby certify that the above is a correct record of the hours I have worked and that I accept the conditions of work supplied to me.

PRINT NAME & SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR CLIENT:** I hereby certify that the total hours worked as shown above are a correct record of hours worked by the temporary worker and I accept the terms and conditions for the introduction of temporary staff.

AUTHORISED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTION TO TEMP:**  
 FAX SIGNED COPY TO SITROCK LTD. PHOTOCOPY SHOULD BE RETAINED BY CLIENT