

TIMESHEET			Sitrock Ltd 8 Thistle Hill Way Minster On Sea Kent. ME12 3GN Telephone: 01795 872 990 Email: hr@sitrock.co.uk			Sitrock Limited Delivering Solutions for Companies on the Move		
CLIENT NAME:			YOUR NAME:					
DEPT & GRADE:			NOTES:					
CLIENT ADDRESS: -								
WEEK ENDING DATE:								
TO EMPLOYEE - Use the Nearest Quarter Hour								
DATE WORKED		Time Started	Time Finished	Less Breaks	Normal Hours	O/T Hours	NOTICE TO TEMPORARY It is essential that all details are completed in full UPON COMPLETION of the week's work and that you check and sign it. IT MUST THEN BE SIGNED WERE INDICATED BY AN AUTHORISED PERSON ON BEHALF OF THE CLIENT. This signed timesheet must be faxed to Sitrock Ltd immediately.	
MON. / /								
TUES. / /								
WED. / /								
THUR. / /								
FRI. / /								
SAT. / /								
SUN. / /								
TOTAL HOURS WORKED THIS WEEK								
TOTAL HOURS IN WORDS								
OVERTIME RATE HOURS (at discretion of client) ¹			1. This section should only be completed if the client has agreed to a special overtime rate. Where no special rate has been agreed, weekend and evening hours should be entered under standard rate hours.					
Date	Overtime Rate ²	Overtime Hours	2. Overtime is a standard rate, and the Bank Holiday rate should be entered as a multiplication of the standard rate: e.g. x 1.5 = time and a half. OVERTIME/BANK HOLIDAY AGREED AND AUTHORISED BY:					
Please scan when signed to: hr@sitrock.co.uk PLEASE ENSURE YOUR TIMESHEET IS SCANNED BY NOON ON MONDAY FOR PROMPT PAYMENT. IF YOU ARE ON HOLIDAY, PLEASE COULD YOU INFORM US.						Budget Code/Order No/Booking Ref.		
FOR TEMPORARY STAFF: I 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 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 introducing temporary staff.								
AUTHORISED SIGNATURE: _____ DATE: _____								
PRINT NAME: _____ DATE: _____								
INSTRUCTION TO TEMP: SCAN SIGNED COPY TO SITROCK LTD. PHOTOCOPY SHOULD BE RETAINED BY CLIENT								