

Time sheet

W/E FRIDAY

Name of Client _____

Name of Temporary _____

	MORNING		AFTERNOON		TOTAL DAILY HOURS (to nearest 1/4)	BREAKDOWN OF HOURS			
	FROM	TO	FROM	TO		Standard Time	1 1/4 Time	1 1/2 Time	Double Time
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SAT/SUN									
TOTAL HOURS WORKED									

IMPORTANT ADVICE TO TEMPORARY STAFF

If for any reason, you are delayed for your assignment, (or unable to attend), please contact us immediately so we can avoid any inconvenience to our client. TELEPHONE: 626777, TEXT: 447781471012, FAX: 636777.

Payment will be made by BACS, and will not be sent until a signed time sheet is received. A fax copy is acceptable. Time sheets must be received by 9am on the following Monday to guarantee payment.

Your Social Security card, ITIS Reference Number and Effective Rate % must be held by Rowlands when the placement commences and before payment is made. In the absence of your ITIS Reference Number and Effective Rate %, Rowlands will take the statutory default rate from your pay.

You are entitled to holiday pay (as per your contract), but you are not entitled to payment for absence due to sickness or injury unless previously agreed in writing with the company, or if legislation requires this.

The agency does not accept responsibility for any injury, loss or expense incurred by the temporary worker whilst on an assignment, howsoever caused.

ALL DETAILS MUST BE COMPLETED AND AN AUTHORISED EMPLOYEE OF THE CLIENT COMPANY MUST SIGN THE CERTIFICATE AND INITIAL ANY ALTERATIONS BEFORE PAYMENT OF SALARY IS REQUESTED

YOUR ASSIGNMENT

On the first day please report to:

at _____	a.m./p.m.	on _____	_____ 20
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Department: _____

Address: _____

Tel No: _____

Normal Working Hours: _____

GOOD LUCK IN YOUR ASSIGNMENT

We certify that the total hours are correct and will accept your account for the chargeable hours shown above. We agree to your Terms and Conditions of Business and accept that your normal fee will be payable should the above named temporary enter our employment within six months of termination of this contract.

Signed (Authorised Signatory) _____

Name _____

Position _____