

# Time sheet

W/E FRIDAY .....

Name of Temporary .....

Position .....

Name of Client & Department .....

Work Tel No..... Mobile No.....

|                    | MORNING |    | AFTERNOON |    | TOTAL DAILY HOURS<br>(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             |         |    |           |    |                                       |                    |            |            |             |
| SATURDAY           |         |    |           |    |                                       |                    |            |            |             |
| SUNDAY             |         |    |           |    |                                       |                    |            |            |             |
| TOTAL HOURS WORKED |         |    |           |    |                                       |                    |            |            |             |

Please send timesheets through to payroll@rowlands.co.uk or by fax on 636777.

Payment will be made by BACS, and will not be sent until a signed time sheet is received.

**IMPORTANT NOTE: Late timesheets will take a further week to process.**

**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 .....