

**affix barcode**

Candidate Name:

Week Commencing:

Mon

Client Name:

PO Number:

Site Address & Post Code:

Breaks Paid (Y/N or Unknown):

Office Use Only

Candidate Section - Please fill in all columns. Failure may result in non payment.

Day of Shift Start	Date of Shift Start	Shift Times (24hr)		Sleep In Please Tick	Total Break In Minutes	Hours Worked After Break Deduction	Shift Signatory (Where appropriate)
		Start Time	End Time				
Example	08/03/2016	22.00	08.00		30 mins	9.5	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

All timesheets must be submitted to branch payroll 9am the Monday directly after week commencing date. Failure to submit may result in late

Total Hours Worked department by  
After Break Deduction payment.

Candidate Signature

Date

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.

Customer Section

Name	Position
Customer Signature	Date