

Timesheet



Premium Staff Ltd
First for HealthCare Staff

Client Name :

Week Ending :

Client Address :

All Hours worked will be defaulted to Supervision Direction and Control (SDC), unless Non-SDC hours are stated below.

IMPORTANT NOTE: Timesheets received after 13:00 on Saturday may not be included in the payroll that week.

Please ensure that this timesheet is completed IN FULL and email in **PDF FORMAT** to admin@premiumstaff.co.uk or FAX it to **08712772057**. Please ensure that all alterations are countersigned and note that if there are queries on any sections then payment may be delayed. Please make sure that the week ending date and the Client name are accurately and clearly printed.

Agency Worker/Contractor Name.....

DATE		Start time	Break	Finish time	Total hours	Client Sign	Temp's Sign
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	TOTAL HOURS =						

If Non-SDC Please Tick

NOTICE TO CLIENTS

I confirm and agree that the total hours listed above, including overtime hours have been satisfactorily worked and that payment in respect of these will be made according to your current terms of business which I have received from you and accept as the basis of this transaction.

I can confirm that I am authorised to approve Non SDC Hours.

Client Signature..... **Print Name**..... **Date**

Temp Signature..... **Print Name**..... **Date**