**AGENCY WORKER TIMESHEET**

|  |  |
| --- | --- |
| AGENCY WORKER NAME |  |
|  ORGANISATION NAME |  |
| HOME NAME / PLACE OF WORK |  |
| WEEK ENDING SATURDAY  |  |  |  |

 TIME SHEET MUST BE RETURNED OR FAXED TO THE OFFICE BEFORE 5PM ON MONDAY

 PLEASE ENSURED THAT ALL TIMESHEETS MUST BE SIGNED BY AN AUTHORISED PERSON

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | **START TIME** | **FINISH TIME** | **BREAK TIME****In hours & Minutes** | **SLEEP IN****(tick)** | **TOTAL****HOURS WORKED****Day****(08.00 – 21.00)** | **TOTAL HOURS WORKED****Night****(20.00 – 08.00)** |
| **SUN** |  |  |  |  |  |  |  |
| **MON** |  |  |  |  |  |  |  |
| **TUE** |  |  |  |  |  |  |  |
| **WED** |  |  |  |  |  |  |  |
| **THUR** |  |  |  |  |  |  |  |
| **FRI** |  |  |  |  |  |  |  |
| **SAT** |  |  |  |  |  |  |  |

By signing this time sheet we accept and agree that the hours worked by the Temporary worker as set out above are correct to your Terms and Conditions of Business for the supply of Temporary workers.

Authorised Signatory for Hirer

Signature: …………………………. Date: ……………….

Name: …………………………….

Agency Worker

Signature: …………………………. Date: ……………….

 Registered in England and Wales. Company Registered No: 14496730 VAT No: (TBC