

1 Main Street
 Busby
 Glasgow
 G76 8DS
 Tel: 0141 222 2640 Fax: 0141 221 7779
 Email: mags@siteforceservices.co.uk



Client Account Name & Address:
Site Address:
Name of Temporary Worker:
Week Ending Date:
Job Title:
Reporting To:

PLEASE COMPLETE IN FULL AND ENSURE ALL FIELDS ARE ACCURATE

	Start Time	Finish Time	Breaks minutes	Total Hours Worked	Analysis – Total Hours Worked		Comments
					Basic Rate Hours	Overtime Rate Hours	
Example:	08 00	17 00	30	8.5			
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL:							

We certify that the hours shown above are correct and that the works carried out by the named operative during those hours have been carried out to our satisfaction. We further certify that we will accept your account for the total of the hours shown above and any additional costs shown above at the agreed rates. The signed timesheet will be deemed as confirmation of the final hours for invoicing and pay purposes and as such no deductions from invoices will be accepted. We agree to be bound by the terms and conditions found at <http://www.siteforceservices.co.uk/siteforce%20standard%20T&Cs.pdf>. We have read and understood the terms and conditions. **Please note:** Temporary workers are engaged by the Employment Business under contracts for services and are not employees of the Employment Business. They are under the sole supervision, direction and control of the Client from the time they report to take up duties and for the duration of the Assignment.

Signature:

(Authorised Signatory)

Position:

Name (in capital letters):

Date:

**PLEASE EMAIL TO: MAGS@SITEFORCESERVICES.CO.UK OR FAX
 BACK TO 0141 221 7779**