

Agency Worker Timesheet

Agency Worker Name: _____

Company Name: _____

Week Ending Date (Friday): _____

	START TIME	FINISH TIME	BREAKS (lunch etc.)	TOTAL (Total hours not including breaks)
**Saturday				
**Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

TOTAL HOURS TO BE PAID
(To the nearest 15 minutes)

(* Please note that hours worked and authorised on Saturdays and Sundays will be paid and charged the normal agreed rate unless an overtime rate has been agreed in writing beforehand)

Signed (Candidate)..... Printed Date.....

(By signing this timesheet you are stating that the hours entered above are a true and accurate record of the hours you have worked this week (see week ending date above)).

Signed (Client)..... Printed Date.....

(By signing this timesheet you are authorising Bell Cornwall Recruitment to pay the candidate based on the hours entered above. An invoice will be created from this information, and once the candidate has been paid mistakes cannot be rectified.)

Please ensure that this time sheet is signed and returned to Bell Cornwall Recruitment by close of business on the Friday of the week you are working. Failure to return a signed timesheet on time will result in a delay in payment.

Please scan and e-mail a signed copy to timesheet@bellcornwall.co.uk (or Fax to 0121 515 5919)

