BellCornwall Recruitment BCR

0121-515-5910

AGENCY WORKER TIMESHEET

Agency Worker Name:	
Company Name:	
Week Ending Date (Friday):	

	Start Time	Lunch / Break Start	Lunch / Break Finish	Finish Time	Total Hours Worked **(Not including unpaid breaks)**
Saturday**					
Sunday**					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
			Total Hours to be Paid **(To the nearest 5 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 (Agency Worker):	
Print (Name):	
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):	
Print (Name):	
Date:	

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

Please send a signed copy (Scan or Photo) to timesheet@bellcornwall.co.uk by close of busines on Friday.

(Failure to return a signed timesheet on time will result in a delay in payment.)