

| Name | Job Title |
|--------------------------------|--|
| Ltd Company (if applicable) | Week Ending Date (Friday) |
| Job Purchase Order No | Final Timesheet (to notify the end of your assignment place an F in the box) |

PLEASE NOTE: NO TIMESHEET NO PAY

| | SAT | SUN | MON | TUE | WED | THUR | FRI | TOTAL HOURS |
|--------------------------|-----|-----|-----|-----|-----|------|-----|-------------|
| Basic Hours/Days | | | | | | | | |
| Lunch Breaks (Unpaid) | | | | | | | | |
| Basic Hours/Nights | | | | | | | | |
| Overtime Hours | | | | | | | | |

TOTAL HOURS (Minus Lunch Breaks)

- Health & Safety

 1. I confirm that I have received a workplace induction from the Client
- 2. I confirm that I have received Health & Safety information relevant to my assignment from the Client
- 3. I confirm I do not have any Health & Safety concerns regarding this assignment in the Clients workplace

| Vour Signature | Site Location |
|----------------|-----------------|
| rour Signature | . Site Location |

Timesheet Checklist

- 1. Timesheets must be submitted to the below address/fax by 5pm Monday to ensure prompt payment
- Any timesheets received after Monday will be processed the following week
 Ensure that all boxes are accurately completed to prevent errors in pay or payment delays.

| TO BE COMPLETED BY THE CLIENT | |
|---|------|
| | |
| Authorised Manager's Signature* | |
| Name & Position of Signatory | |
| Client Organisation | Date |
| *Your signature is authorisation that the hours shown are correct and the work was performed satisfacto | |

that have been signed for.

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