TIMESHEET

TIMESHEET MUST BE RECEIVED BY 12:00PM ON MONDAY

Email: timesheets@quicktemp.co.uk

Fax: 0333 121 1324



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NAME				WEEK ENDING			
NATURE OF ASSIGNMENT				REPORT TO			
COMPANY NAME AND ADDR	RESS						
	DATE	START TIME	FINISH TIME	BREAK	POA	TOTAL HOURS WORKED	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Please ensure your break is deduct	ted from the total hours and if you o	do not take a break, please write NB. Client n	nust sign to confirm NB other	rwise this will automatically	/ be deducted.		
Candidate (This is a legal requirement):				Client (This is a legal requirement):			
I understand I am obliged to provide all working time regardless of whether I work for QuickTemp or any other employer. I confirm that the information set out in this timesheet is completely accurate and I understand that PCN fines will be deducted directly from my salary and any falsification of the information contained in this timesheet may result in prosecution under the Road Transport Working time Regulations 2005 and/or the termination of my engagement with QuickTemp.			N timesheet and by any detection a	I am an authorised signatory of the above named client and I am signing to confirm that the hours/shifts on this timesheet are accurate and we approve payment. I consent to the disclosure of the information from this form to and by any QuickTemp authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that I/we understand and agree to QuickTemp's current terms of business. A standard introduction fee as per our terms of business will be charged if one of our candidates is taken			
I declare that the information I have given on this timesheet is correct, complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of this information from this form to and by any QuickTemp authorised body for the purpose of			n	on full time by yourselves or engaged through a different agency.			
verification of this claim and the inv	vestigation, prevention, detection a	nd prosecution of fraud.	Signed:				
Signed:			Name:				
Name:	Da	te:	Position:	Position: Date:			