QUICKTEMP

TIMESHEET

Timesheet must reach us by MONDAY 12PM to be paid that week. Email: timesheets@quicktemp.co.uk Fax: 0333 121 1324

NAME:					WEEK ENDING:					
NATURE OF ASSIGNMENT:					REPORT TO:					
COMPANY NAME & ADDRESS:										
	DATE	START TIME	FINISH TIME	BREAK	NIGHT OUT	POA	VEHICLE REGISTRATION NUMBER	TOTAL HOURS WORKED		
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
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.					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 on full time by yourselves or engaged through a different agency.					
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 verification of this claim and the investigation, prevention, detection and prosecution of fraud.										
or and chain and the investigation, prevention, detection and prosecution of made.					NAME:					
NAME:					SIGNED:					
SIGNED:		DATE:			POSITION:		DATE:			