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TIME SHEET

Week beginning:.....

All Time Sheets must be returned to Halmers Office no later than 10.00am Monday. Late return will delay your payment.

Surname:..... First Names:

National Insurance No:

Job Title:

Available for work next week (please tick here)

HOURS WORKED

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Basic								
Overtime								
Nightshift								
Total								

DRIVERS ONLY

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Start Time								
Finish Time								
Break Reductions								
Total								

PLEASE NOTE:

- Unless specifically agreed with the Client, lunch and other breaks should be excluded from the above.
- Signify paid holiday with the letters **PH**, unpaid holiday with **UH** and sickness with **S**.
- Any alterations must be initialled by the **Client**.
- Round hours worked to the nearest quarter of an hour.

Name of Client:

Address:

To be completed by the Client's authorised signatory.

I hereby certify that the above information is correct and the services rendered by the above named were satisfactory and that I am empowered by my company to authorise you to invoice us in respect of the hours shown.

I accept your Standard Terms of Business, as supplied and published on your website.

Re-book Temp for next week (please tick here) Signed

Top copy: Temporary Worker

Name in Capitals

Middle copy: Halmer Office

Date

Bottom copy: Client