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Timesheet - **ALLTALENT SOLUTIONS LTD**

**To be completed by the Temporary Worker** in full to the nearest 15 minutes only using the 24 hour clock

Your Name:

Job Title:

Your Signature:

Client Name:

Client Address:

Client Contact Name:

Please return your completed Timesheet to our dedicated Payroll team by **FAX** or **EMAIL** by **09.00am** on **Monday Morning**

|  |  |  |
| --- | --- | --- |
|  | **EMAIL:** ACCOUNTS@ALLTALENT.CO.UK | **To be completed by the Authorised Signatory**after completion, please retain a **photocopy** for your records |
| **Date** | **Start Time** | **Finish Time** | **Hours Total** | **Total Breaks Taken** | **Total Hours Worked** | **Client Signature \*** | **Name** | **Date** |
| **Mon** **/ /**  |  |  |  |  |  |  |  |  |
| **Tue** **/ /**  |  |  |  |  |  |  |  |  |
| **Wed** **/ /**  |  |  |  |  |  |  |  |  |
| **Thu** **/\_\_\_/**  |  |  |  |  |  |  |  |  |
| **Fri** **/ /**  |  |  |  |  |  |  |  |  |
| **Sat** **/ /**  |  |  |  |  |  |  |  |  |
| **Sun** **/ /**  |  |  |  |  |  |  |  |  |
| **\*Declaration of Authorised Signatory: Total** |   |  |

**By signing this timesheet, I hereby certify** that the details given above are a correct record of the hours, mileage and expenses of this temporary worker. I understand that an invoice will be raised from this timesheet. I also accept the Terms of Business of ALLTALENT SOLUTIONS LTD. I also confirm that I am authorised by the Client or, where applicable, the Local Authority, to sign and authorise this timesheet.

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| **Official Use Only** |
| **Timesheet****No.** |  |
| **Input By** |

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