



## Timesheet

### Client Details

Client Name

Supervisor

Place of Work

Week Ending Date (Sunday Date)

### Candidate Details

Your Name

Job Role

Payroll No/Ltd Company

### CERTIFICATE OF SHIFTS WORKED

DAY	Date	Start time (24hr clock)	Finish time (24hr clock)	Total Hours worked before Break	Total Hours worked after break	Authorised Signatory
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

*This section is to be completed by the CANDIDATE named above: I confirm that I have worked the total amount of hours claimed*

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

***This section is to be completed by the CLIENT only:***

I certify that the total number of shifts has been satisfactorily worked and the correct breaks have been deducted. I am authorised to sign the timesheet on behalf of the named organisation above. I confirm that an Invoice will be accepted and payment will be made according to your terms of business which I have received from you and accept as the basis of this transaction. The standard terms are available to download from <https://xandergroup.co.uk/wp-content/uploads/2021/02/Xander-Recruitment-Group-Limited-perm-terms-signed.pdf>

**Signed:**

**Print Name:**

**Position:**

**Date:**

Please forward your timesheet by email as a scanned document or by fax, to arrive no later than 10am Tuesday. Timesheets submitted by post, must arrive by Tuesday to be processed on that weeks payroll we cannot accept liability for non payment due to timesheets being delayed in the post.



