



Tel: 01707244733

24/7 mobile: 07462915343

Email address: Email address: Info@lisasafecare.co.uk

PLEASE COMPLETE AND RETURN THIS TIMESHEET NO LATER THAN 10:00am THE FOLLOWING MONDAY SIGNED BY THE CLIENTS REPRESENTATIVE

Temp's Name: _____ Week commencing Monday: _____

	START	FINISH	BREAK	TOTAL HR WORKED: (to be paid)	Mileage	SLEEP IN	AUTHORISED PRINT NAME	AUTHORISED SIGNATURE	SHIFT CODE (payroll use)
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									
TOTALS:						Temp's Signature: _____ Date: / /			

Client:

Address:.....

NOTICE TO CLIENTS

We clarify that the above mentioned temporary worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by The Terms and Conditions of the Company

NOTICE TO TEMPORARY WORKER

Should the temp have any queries regarding pay, please contact your local office.