



RECRUITMENT TIMESHEET GENERAL

Timesheet No.

Agency Worker's Full Name:	Client Name:
	Client Site:
	Department: (if applicable)

ASSIGNMENT DETAILS – To be completed by the Agency Worker

DAY	DATE (DD/MM/YY)	Start Time	Finish Time	Break (Mins)	Total Daily Hours Worked	Overtime	Single Time	Double Time	Daily Authorised Initials
MON									
TUES									
WED									
THURS									
FRI									
SAT									
SUN									

Total Hrs (Weekdays)		Total Hrs (Weekend)		Total Hrs (Public Hols)		Travel Expenses:
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Agency Worker Declaration: I declare that the information given on this form is correct and complete and that I have not claimed elsewhere for the hours detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action. I have read, understood and agree to the Terms of Engagement supplied to me by the Company.

Agency Worker Signature: _____ **Date:** _____

To be completed by the Client

Client Declaration: I am an authorised signatory of the above named client. I am signing to confirm that the Workers hours that I am authorising are accurate and I approve payment. **Your signature is deemed acceptance of our Terms & Conditions of Business.**

Signature: _____ **Date:** _____

TIMESHEET DEADLINE MONDAY 12 NOON **On completion please E-MAIL to:**

BALLYMENA: Tel: (028) 2563 1800

E-mail: ballymenapayroll@rutledgegroup.co.uk (General) bhealthcarepayroll@rutledgegroup.co.uk (Healthcare)

ARMAGH: Tel: (028) 3751 5215 / E-mail: ahealthcarepayroll@rutledgegroup.co.uk