

## **Foundation Personnel Limited**

Unit 2 Newton Court Kelvin Drive, Knowlhill Milton Keynes MK5 8NH

Phone: 01908 929990 Mobile: 07514 474905

Email: payroll@foundationpersonnel.co.uk

## **Timesheet**

## Please send timesheets in by 2pm Monday

| NAME OF TEMPORARY WORKER:   |            |                |                                |       |                           |                           |          |  |
|---|------------|----------------|--------------------------------|-------|---------------------------|---------------------------|----------|--|
| WEEK ENDING SUNDAY:   |            |                | Is this your last week? YES/NO |       |                           | Do you need a P45? YES/NO |          |  |
| Payroll No. (if k   |            | Date of Birth: |                                |       |                           |                           |          |  |
| NAME OF COMPANY TO BE INVOICED:   |            |                |                                |       |                           |                           |          |  |
| Site Address:   |            |                |                                |       |                           |                           |          |  |
| Post  |            |                |                                |       | code:                     |                           |          |  |
| Machine: Mar  |            |                |                                | /lach | chine Number:             |                           |          |  |
| HOURS WORKED: (Do not Include lunch break)  |            |                |                                |       |                           |                           |          |  |
|   | Start time | Finish time    | Breaks                         | N     | lan Hours                 | Machine Hours             | Overtime |  |
| MONDAY  |            |                |                                |       |                           |                           |          |  |
| TUESDAY   |            |                |                                |       |                           |                           |          |  |
| WEDNESDAY   |            |                |                                |       |                           |                           |          |  |
| THURSDAY  |            |                |                                |       |                           |                           |          |  |
| FRIDAY  |            |                |                                |       |                           |                           |          |  |
| SATURDAY  |            |                |                                |       |                           |                           |          |  |
| SUNDAY  |            |                |                                |       |                           |                           |          |  |
| Signature: Please sign here to certify that the above is a correct record of the hour you have worked.  |            |                |                                |       | Total Hours<br>To Be Paid |                           |          |  |
| I hereby certify that the hours below are a correct record of the hours worked by the<br>Temporary Worker and I accept the Terms and Conditions for the introduction of Temporary<br>Workers by 'Foundation Personnel Limited' I accept that I must pay the charges |            |                |                                |       | OFFICE USE ONLY           |                           |          |  |
| invoiced in respect of the above worker, including any expenses itemised above  Total hours to be charged Hours Minutes   |            |                |                                |       | Bonus:                    |                           |          |  |
| Client's authorising signature:  Date:  |            |                |                                |       | Travel:                   |                           |          |  |
| Client's Name Position:  Comment:   |            |                |                                |       | Lodge:                    |                           |          |  |