

Timesheet

Please use a ball point pen when completing this timesheet. All boxes in this area must be completed for this timesheet to be valid. Please ensure timesheets are sent on a weekly basis. To ensure prompt payment, please ensure timesheets are submitted by 10am Tuesday.

| | |
|--------------------|--|
| Full Name | |
| Grade & Specialism | |
| Organisation | |
| Department | |
| Booking Reference | |

LABMED TEMPS ONLY:

| | |
|-------------------------------------|--|
| Agenda for Change (AFC) Job Profile | |
| AFC Banding | |
| Spinal Point | |

| Day | Date | Start Time | Finish Time | Length of Meal Break | Hours Worked |
|-----------|------|------------|-------------|----------------------|--------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| | | | | TOTAL | |

Candidate Declaration:

I hereby confirm that the above is a true and accurate record of work undertaken.

Signature _____ **Name** _____

Client Confirmation

I confirm the above hours are correct and the temporary worker undertook his/her duties in a competent manner. I understand that my signature to these hours will constitute the raising of an irreversible invoice for payment within 14 days in accordance with Maxxima Ltd (Labmed/Swim) terms and conditions. Temporary workers are responsible for all accommodation and telephone charges.

Signature _____ **Print Full Name** _____

Position _____ **Date** _____

**Once signed, please fax this timesheet to 01277 234918 or 01277 202386
Should you wish to confirm receipt, please telephone 01277 232805**