



BME PROMISE

Timesheet

Name of Agency Worker:

Job Role:
__/__/__

Week Commencing:

Client:

	Morning Shift		Evening Shift		Less Breaks	Total Hours	Employers Signature
	Start	Finish	Start	Finish			
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

**Total hours
this week**

I confirm that the total hours worked are correct and agree to pay your account in accordance with your terms. As the information on this form is the sole basis for calculating your charge to me, I have initialled any alterations.

Employers signature:

Date:

Position in company:

In the event of making a direct offer of employment to one of our temporary staff; please note a transfer fee will be applicable in accordance with our agreed terms of business.

I confirm that the total hours worked are correct

Agency worker's signature:

Date:

Please return this timesheet to by Tuesday 12pm for the previous week's work, to ensure your pay will not be delayed.