



timesheet

NAME

POSITION

WEEK ENDING SUNDAY

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Start							
Finish							
Breaks							
Other							
Day total							
YOUR TOTAL HOURS WORKED AND AGREED THIS WEEK							

Please complete times to the **nearest 5 minutes**. Where applicable mark with: Holiday **[H]** Sickness **[S]**

Client name	
Client address	
Postcode	
Phone number	Ref/PO no



I certify that the hours/overtime detailed above are a true reflection of the work completed to a satisfactory standard by the named person and that payment will be made in respect of these, in accordance with the BRC Terms & Conditions which I have received and accepted on the basis of this transaction.

Signed

Authorised client representative

Print name

Position

PLEASE POST OR FAX
THIS TIME SHEET TO
ARRIVE NO LATER THAN
10:00AM ON TUESDAY

POST TO: BRC, 2 St Paul's Road,
Clifton, Bristol BS8 1LT
FAX TO: 0117 923 9111
EMAIL: payroll@brcjobs.com



WHITE ▶ AGENCY
YELLOW ▶ WORKER
BLUE ▶ CLIENT