

Forename: _____
 Surname: _____
 Your Tel. No.: _____
 Limited Company Name: _____
 Company Working For: _____

IMPORTANT: Completed time sheets must be received by Vitae Financial Recruitment by fax or post no later than **12 NOON ON MONDAY**. Missing this deadline will delay payment of your salary to the following week.

PLEASE ENTER ALL YOUR TIME WORKED BEFORE PRINTING FOR AUTHORISATION

Workers on an HOURLY rate only
 Hours worked will be rounded to the nearest 15 mins
 Enter time as a 24 hour clock

	Start	Lunch	Finish	Hours Worked
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Standard hours worked: O/T hours worked: Total hours worked:

Registration Number

Weekending date (Sunday)

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Workers on a DAILY rate only

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hourly overtime
 (Daily overtime only applicable when a full day has been worked)

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Workers on a WEEKLY rate only

Please fax this timesheet to Payroll Services on: 01923 471040
Retain your confirmation until paid.

Before sending us your timesheet please:
 Enter all your time worked before printing authorisation

- Any omissions or errors may delay your payment
- Ensure that your registration number and the weekending date are correct
- Ensure your line manager signs and prints his details in the correct boxes
- After faxing your timesheet please retain the fax confirmation until you receive payment
- Please note that if you haven't submitted your bank details, you will be paid by cheque
- Do not send duplicate copies of your timesheet in the post

To be completed by the client

I hereby confirm that I am authorised to sign this, the worker's timesheet. I also confirm that the hours stated as worked by the worker are correct and that the worker's performance has been carried out to my satisfaction (in relation to your terms and conditions of supply). I understand that by signing this document my signature will be relied upon to both pay the worker and to raise an invoice for your own and the worker's services. I confirm that we are in receipt of your terms and conditions of supply in relation to the worker (further copies of which are available on request).

Authorised Signature

Print Name

Position

Holiday

Please request holiday via your consultant using the holiday claim form.
 Please leave the hours boxes blank for days you haven't worked.

Payroll Queries:

- Phone number for queries: **01923 202202**
- To request a timesheet, contact your consultant on the number above, or download one from our website:
www.vitaefinancialrecruitment.com