

TIME SHEET

PLEASE ENSURE YOUR TIMESHEET IS RECEIVED BY OUR OFFICES BY 09.00 ON A MONDAY.

Drivers

Email to: payroll@cpl.uk.com or norwichdriving@cpl.uk.com

24	Hr	07836	258238	Drivers

Drivers Name	Category	
Company Name	Week Ending (Sunday)	

Instructions to mobile workers: This timesheet must be completed in line with the guidance notes printed on the reverse of this timesheet and one of the declarations below must be signed to confirm your hours.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Shift Start Time								
Shift Finish Time								
Driving Time								
Other Work								+
Periods of Availability								+
Paid Breaks/Rest								+
Unpaid Breaks/Rest								+
Total Shift Hours								=
Sickness								
Night Out								
Daily Expenses in £'s								
Description of Expenses								
Digital Tachograph								
Digital Download Completed								
Non Tachograph Vehicle								1

Worker Declaration 1:

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- 1. I declare that I have accurately recorded my time on this timesheet
- 2. I declare that I have not been engaged in any work other than for Contract Personnel during this week.
- 3. I will notify Contract Personnel immediately of any other periods of work undertaken during this week for other Employers or Employment Businesses, so that Contract Personnel can maintain an accurate record of my weekly Working Time.

SIGNATURE	DATE

Worker Declaration 2:

NB: Fraudulent recording is a criminal offence and may lead to legal action being taken against you.

- 1. I declare that I have accurately recorded my time on this timesheet
- 2. I declare that I have been engaged in work in addition to work for Contract Personnel set out on this timesheet this week. Accordingly, I have set out this additional time in a further timesheet so that Contract Personnel can maintain an accurate record of my weekly Working Time

SIGNATURE DATE

Temporary Worker Comments:		

Client Declaration

I certify the above total number of shift hours have been undertaken to our satisfaction and that payment will be made in respect of total shift hours (including time claimed for Paid Breaks/Rest times, but excluding Unpaid Breaks/Rest where detailed) according to the terms of business which I have received and have accepted as the basis of this transaction.

SIGNATURE	DATE
PRINTED NAME	

Client Comments:		