



Hotel & Catering Recruitment Specialist Ltd
 Astoria House, Suite F,
 165-166 Victoria Road, Swindon SN1 3BU
 TEL: 01793 420212
 FAX: 01793 423011

Forename of Temporary Worker: _____ Surname: _____
 Job Description: _____ Branch: _____
 Site Address/Report To: _____ TAX Week: _____

Client Name Invoice Address: _____
 Consultant No.: _____
 Temp. Number: _____
 W/E: _____
 A/C No.: _____
 Manager's Authorisation: _____
 Date: _____

CERTIFICATE OF HOURS RECORDED

CLIENT - PLEASE COMPLETE CHARGEABLE HOURS & INITIAL ANY ALTERATIONS

DATE	FROM	TO	FROM	TO	TOTAL HOURS	LESS BREAK	CHARGEABLE HOURS	
MON								
TUES								
WED								
THUR								
FRI								
SAT								
SUN								
Total Hours to be charged								

Allowances: _____

I/We confirm that the total hours worked are correct and that the standard of work was satisfactory. I/We agree to pay the Hotel & Catering Recruitment Specialist Limited (hereinafter called HCRSL) invoice in respect of the hours above within days agreed. I/We confirm that the HCRSL terms and conditions are the sole terms of this contract, a copy of which we have seen and is available from HCRSL.

Signature: _____
 DULY AUTHORISED BY THE CLIENT COMPANY
 Print Name: _____
 Position: _____
 Date: _____

Feedback on temporary worker

Feedback on temporary worker

This timesheet MUST BE SIGNED BY THE CLIENT before submission for payment. The temporary worker will only be paid on the basis of a signed time sheet.



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