

TO BE FILLED IN BY TEMPORARY WORKER FOR WEEK ENDING FRIDAY

I hereby certify that by submitting this timesheet I acknowledge that the hours have been worked subject to the conditions of work for temporary workers (October 1998) signed by me and returned to Allocate Recruitment.

Your Name	
Company	
Job Role	
Week Ending	(dd/mm/yyyy)

Please ensure that you fax your timesheet to **01789 26 24 21** on **Friday** by **5.30pm**. Also remember to retain a copy for your own records and ensure that the client has a copy for their records. If you have any problems or questions feel free to contact the office at any time:

Allocate Recruitment The Mansley Business Centre Timothy's Bridge Road Stratford-upon-Avon Warwickshire CV37 9NQ	Tel: 01789 262 424 Fax: 01789 262 421 Web: www.allocate-recruitment.co.uk Email: info@allocate-recruitment.co.uk
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In accordance with the Working Time Regulations 1998, you are entitled to a 20 minute break every six hours and a minimum daily rest period of 11 consecutive hours in each 24 hour period. We strongly encourage you to exercise these entitlements in order to protect yourself from the risks that arise from working excessively long hours or for long periods without breaks.

Day	Start	Finish	(Less) Lunch Break	Sub Total	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
				TOTAL HOURS	

TO BE COMPLETED AND AUTHORISED BY CLIENT

I hereby certify that the total hours above are a correct record of the hours worked by the temporary worker and **I accept** the current terms and conditions for the introduction of temporary workers by Allocate Recruitment as agreed for this assignment.

Approved By	(print name)
Approved By	(signature)
Date	(dd/mm/yyyy)