



**WORKFORCE**  
SOLUTIONS

Week Ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Site Address: \_\_\_\_\_

We must receive this timesheet signed by an authorised member of staff and the worker no later than 10:00am MONDAY.  
**IF YOU DO NOT, YOU WILL NOT GET PAID.**

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	Date	Start Time	Lunch Break	Finish Time	Total Hours	Daily Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>Confirmed Total Hours</b>						

I confirm that I have not been involved in any accident/incident that has resulted in me suffering injury or a near miss at any time during the hours on site (If you have had a near miss /accident / incident or suffered injury, please inform the site management team). This statement is not intended to exclude or limit liability by the client for personal injury or fatal accident.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify the total hours above are a correct record of the hours worked for the Temporary Worker, I have already deducted the breaks and understand that these hours will be used to calculate the charge for basic / overtime hours. I also accept Workforce Solutions terms & conditions to be legally binding. I am authorised by the client to sign this timesheet.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address for Invoice: \_\_\_\_\_