

MP Resourcing Ltd 01235 330 110

TIMESHEET

Client's Name _____

WEEK COMMENCING _____

Address _____

PLEASE ENTER HOURS WORKED ON A DAILY BASIS			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		TOTALS			
AGENCY WORKER NAME	Payroll NUMBER	CATEGORY	HRS		HRS		HRS		HRS		HRS		HRS		HRS		HRS		SAT	SUN
			O/T		O/T		O/T		O/T		O/T		O/T		O/T					

THIS TIMESHEET MUST BE RETURNED TO THE ISSUING BRANCH NO LATER THAN THE MONDAY FOLLOWING COMMENCEMENT DATE

It is hereby certified the agency workers named above have worked the hours set out above, including any premium rate hours shown, and payment for these hours will be made in accordance with MP Resourcing Ltd's terms of business, a copy of which has been received and accepted as the basis of this transaction. It is acknowledged that (a) hours worked are paid and charged to nearest quarter of an hour, and (b) should any agency worker introduced by MP Resourcing be engaged by us during or after completing a temporary assignment within the period specified in MP Resourcing terms of business, a non-rebatable fee calculated as set out in the said terms of business will be payable, or the hire period extended.

CLIENT SIGNATURE _____

NAME OF SIGNATORY _____

POSITION _____

DATE _____

After completion please scan/photograph and upload your timesheet through the MP Resourcing App Timesheet Portal