

TIMESHEET

Please E-mail or fax your timesheet before **Tuesday 12 pm**

Email: timesheets@emergencypersonnel.co.uk

Post: Emergency Personnel Construction, Suite 10, Ensign House, Admirals Way, London, E14 9XQ.

Company number: 12177566



Address: Suite 10, Ensign House, Admirals Way, London, E14 9XQ.

Tel: 0203 912 9395 Fax: 0207 990 9454

| | |
|--------------|----------------------|
| Client Name | Week Ending (Sunday) |
| Site Address | Order/ Job Number |
| Postcode | |

| | Date | Name | Trade | Start Time | Finish Time | Break | Total | Nights (N) Days (D) |
|-----------|------|------|-------|------------|-------------|-------|-------|------------------------|
| Monday | | | | | | | | |
| Tuesday | | | | | | | | |
| Wednesday | | | | | | | | |
| Thursday | | | | | | | | |
| Friday | | | | | | | | |
| Saturday | | | | | | | | |
| Sunday | | | | | | | | |

It is hereby certified that the hours shown are correct and exclude all unpaid breaks.

TOTAL HOURS

Please ensure your break is deducted from the total hours and if you do not take a break, please write NB. Client must sign to confirm NB otherwise this will automatically be deducted.

Candidate (This is a legal requirement):

I understand I am obliged to provide all working time regardless of whether I work for Emergency Personnel Construction or any other employer. I confirm that the information set out in this timesheet is completely accurate and I understand that PCN fines will be deducted directly from my salary and any falsification of the information contained in this timesheet may result in prosecution under the Road Transport Working time Regulations 2005 and/or the termination of my engagement with Emergency Personnel Construction.

I declare that the information I have given on this timesheet is correct, complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of this information from this form to and by any Emergency Personnel Construction authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed: _____ Position: _____

Name: _____ Date: _____

Client (This is a legal requirement):

I am an authorised signatory of the above-named client and I am signing to confirm that the hours/shifts on this timesheet are accurate and we approve payment. I consent to the disclosure of the information from this form to and by any Emergency Personnel Construction authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that I/we understand and agree to Emergency Personnel Construction's current terms of business. A standard introduction fee as per our terms of business will be charged if one of our candidates is taken on full time by yourselves or engaged through a different agency.

Signed: _____

Name: _____

Position: _____ Date: _____