

Phoenix House Basildon, Essex, SS14 3EZ

TEL: 01268 726101

Weekly Timesheet For Temporary Drivers

NAME OF DRIVER: _____

NAME OF CLIENT: _____

NAME OF CONTRACT: _____

WEEK COMMENCING DATE: _____

Instruction to temporary drivers: This timesheet must be completed in line with the guide notes and one of the declarations below must be signed.

								OFFICE USE			
DAY	START	FINISH	DAY	WORKED	POA	BREAKS	WTD HOURS	TOTAL HOURS	COMMENTS	VEHICLE REG	
MON			MON								
TUE			TUE								
WED			WED								
THU			THU								
FRI			FRI								
SAT			SAT								
SUN			SUN								
					-	-	=		(Total hours claimed/charged = time worked minus breaks)		
Total WTD Hours = time worked, minus POA, minus breaks								<u>Total WTD Hours</u>	<u>Total Hours</u>		

HOLIDAY REQUESTS: Please indicate in this box dates you are unavailable for work or wish to book as holiday.

WORKER DELARATION 1: NB: Fraudulent recording of hours is a criminal offence and may lead to legal action being taken against you.

- I declare I have accurately recorded my time in this time sheet.
- I declare I have not been engaged in any other work other than for Driver Support Services during this week
- I will notify the employment business immediately of any other periods of work that constitutes working time as defined under the Working Time Road Transport Regulations undertaken during this week for other employers or employment businesses so that Driver Support Services can maintain an accurate record of my weekly working time.

SIGNATURE: DATE:

WORKER DECLARATION 2: NB: Fraudulent recording of hours is a criminal offence and may lead to legal action being taken against you .

- I declare I have accurately recorded my time in this time sheet
- I declare I have been engaged in work in addition to work for Driver Support Services set out in this time sheet which constitutes working time as defined under the Working Time Road Transport Regulations, accordingly I have set out this additional time in a further time sheet so that Driver Support Services can maintain an accurate record of my Weekly Working Time.

SIGNATURE: DATE:

CLIENT DECLARATION:

I certify the above total number of shift hours have been undertaken including an accurate record of Working Time. Payment will be made in respect of the agreed total shift hours in accordance with the Terms and Conditions of Business which I have accepted as the basis of this transaction.

SIGNATURE: DATE: