

RES-F-004-4 - Time Sheet



## **TIME SHEET**

**Staff note:** It is your responsibility to ensure that your timesheet has been received by MCL Resourcing by 9am. Timesheets received after 9am on Monday will not be included in payroll that week. Please ensure that this form is completed in full, signed by the client, is legible and that any alterations are countersigned. Please email this form to: timesheets@mclresourcing.co.uk

Staff Name					Week Ending	•	
Client							
Day		Start Time	End Time	Lunch	Standard Hours	Overtime Hours	Total Hours Worked
	A B 4						

Day		Start Time	End Time	Lunch	Standard Hours	Overtime Hours	Total Hours Worked
Monday	AM						
	PM						
Tuesday	AM						
	PM						
Wednesday	AM						
	PM						
Thursday	AM						
	PM						
Friday	AM						
	PM						
Catanalan	AM						
Saturday	PM						
Cda	AM						
Sunday	PM						

## Weekly Total:

## **Staff Declaration**

I confirm that the hours recorded above are true and correct. I understand that if any false information is given it will result in my wages not being processed accordingly could lead to disciplinary action. I acknowledge and accept that all necessary steps will be taken by MCL Resourcing to retrieve any monies overpaid.

Staff Name	Signature
Date	

## **Client Declaration**

I hereby certify the total hours are correct and a true record of the hours worked by the employee named above:

Print Name	Signature
Position	
Date	