

Timesheet A



Fax back on: **0845 241 0931**

It is the contractors responsibility to ensure that BCL Legal receives this timesheet by 12:00 pm the following Monday.

Week Ending Date:

Company Name: (Client Name)

Client Contact: (Client Contact Name)

Contractor Name: (Candidate Full Name)

- Hours worked – Exclusive of lunch hours and travelling time.
- Hourly basis: Please insert total number of hours worked in the boxes below.
- Daily basis: Please insert 1/2 or 1 in each of the boxes below to indicate days worked.
- **Holiday Pay:** For any days not worked please insert 'N/A'

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours / Days Worked
Hours / Days Worked						

I hereby certify the total hours/ days worked above are a correct record of the work completed and to a satisfactory standard by the Temporary Worker and accept your accounts for the chargeable hours/ days at the agreed rate.

Contractor Signature:

I accept the current terms and conditions for the introduction of Temporary Workers by BCL Legal Ltd as agreed for this assignment. Current terms are available on request.

Client Signature:

BCL Legal