

CLIENT'S NAME AND ADDRESS.....

**PLEASE ENSURE THAT YOUR AUTHORISED TIMESHEET IS RETURNED
NO LATER THAN MONDAY MORNING**

		NAME OF AGENCY WORKER:		DEPT. EMPLOYED BY:						
STANDARD		DAY	MON	TUES	WED	THUR	FRI	SAT	SUN	
		DATE								
	AM	START								
		FINISH								
	PM	START								
		FINISH								
TOTAL HOURS										
OVERTIME	AM O/T	START								
		FINISH								
	PM O/T	START								
		FINISH								
TOTAL O/T HOURS										
TRAVEL EXPENSES										

I declare that the information I have given on this form is true, factually correct and complete. I confirm that I have worked the above stated hours in full. I understand that if I knowingly provide false information I may be liable for prosecution and/or civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to be presented to the Client's Fraud Representative and/or the local authorities, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.

TOTAL HOURS	
Standard	O/T

Temporary Worker's signature

Temporary Worker's name (please print)

TERMS AND CONDITIONS OF BUSINESS

Personnel supplied to work for clients are our temporary workers and all arrangement concerning attendance and conditions of work must be made through us. Should a member of our temporary workforce be engaged on a permanent or fixed term basis either during or after a temporary arrangement the client will notify us and pay such a fee as appropriate in accordance with our terms and conditions. In these circumstances no refunds are payable. If any member of our temporary workforce if re-engaged by you on to your payroll during such period as stipulated in our terms and conditions, you are required to notify us immediately. You may be liable to pay an appropriate fee as stipulated in our terms and conditions as a member of our temporary workforce has been engaged through ourselves.

THE EMPLOYMENT OF TEMPORARY WORKERS WILL BE REGARDED AS ACCEPTANCE OF THE CONDITIONS

In the event of the temporary worker provided being considered by the client to be unsatisfactory for the purpose for which the temporary worker is supplied, the client shall notify us by telephone within four hours of the temporary worker reporting for duty and no charge will then be made for the relevant period. This must be confirmed in writing so that we receive notification the next day and another suitable temporary worker will be placed as soon as possible.

ACCOUNTS ARE PAYABLE WITHIN SEVEN DAYS OF THE DATE OF INVOICE

The client's signature of our temporary worker's time sheets shall be considered as indicating satisfaction with the work done and hours worked, unless written notice to the contrary is received by us within 1 working day of the period to which the time sheet relates. Whilst every effort is made to maintain a high standard of integrity and a reliable service, we cannot accept any responsibility for any loss, expense, damage or delay however occasioned.

DECLARATION MADE BY CLIENT CONFIRMING THE HOURS THE TEMPORARY WORKER HAS UNDERTAKEN:

In acceptance of hours & expenses stated on the timesheet opposite & of the Terms & Conditions printed above:

Client's signature

Client's Name (please print)

Job Title

Tel: 01253 727034

Fax: 01253 714141

Email: timesheets@fosb.com

