

Forename: \_\_\_\_\_  
 Surname: \_\_\_\_\_

Your telephone no: \_\_\_\_\_  
 Limited Company Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

**Please enter all your time worked before printing for authorisation**

**Workers on an HOURLY rate only**

Hours worked will be rounded to the nearest 15 mins  
 Enter time as a 24 hour clock.

	Start	Lunch	Finish	Hours worked
Mon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thu	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sun	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Standard hours worked  O/T hours worked  Total hours worked

**Workers on a DAILY rate only**

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Hourly overtime**

(Daily overtime only applicable when a full day has been worked)

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Workers on a WEEKLY rate only**

Please **fax** this timesheet to Payroll Services on:  
**020 7082 3002 and retain your confirmation until paid**

**Before sending us your timesheet please:**

- Enter all your time worked before printing for authorisation
- Any omissions or errors may delay your payment.
- Ensure that your registration number and the weekending date are correct
- Ensure your line manager signs and prints his details in the correct boxes
- After faxing your timesheet please retain the fax confirmation slip until you receive payment.
- Please note that if you haven't submitted any bank details, you will be paid by cheque.
- Do not send duplicate copies of your timesheet in the post

**Lawson Bishop**

A member of MPS Group International

**Registration Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Letter Numbers

**Weekending date (Friday)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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dd mm yyyy

**To be completed by the client**

I hereby confirm that I am authorised to sign this, the worker's timesheet. I also confirm that the hours stated as worked by the worker are correct and that the worker's performance has been carried out to my satisfaction (in relation to your terms and conditions of supply). I understand that by signing this document my signature will be relied upon to both pay the worker and to raise an invoice for your own and the worker's services. I confirm that we are in receipt of your terms and conditions of supply in relation to the worker (further copies of which are available on request).

**Authorised Signature**

**Print Name**

**Position**

**Absence**

Total Sick days

Please request holiday via your consultant using the Holiday claim form. Please leave the hours boxes blank for days you haven't worked.

**Payroll Services info:**

Phone number for queries: **020 7038 6560**

To request a new pdf timesheet send a blank e-mail to [timesheetrequest@lawsonbishop.com](mailto:timesheetrequest@lawsonbishop.com)

or visit our website at:

[www.lawsonbishop.com](http://www.lawsonbishop.com)