

**TEMPORARY CONTRACTOR DETAILS** 

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## **TIMESHEET**

## PLEASE RETURN NO LATER THAN MONDAY 12:00 NOON

Name:				Trade:			
Client Name:			Contact:		W/E Date:	W/E Date:	
Site:			Tel:		Fax No:	Fax No:	
*Pleas	e note hours sign			ORKED temporary contractor at to the signing of the time		nt, any breaks or	
	Date	Start Time	Finish Time	Hours	O/T Hours	Total Hours To Be Paid	
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
			TOTALS:				
		ACTOR SIGNATUR				1	
I confirm	that I have wor	ked the hours as sta	ated above.				
Signature:				Date:			
CLIENT							
agree to p	ay Constructive F		ect of the hours give	was satisfactory and we en within 7 days of the ir act.			
Authoris	ed Signature:						
Name (P	lease print):						
Position	:						

**NOTE:** Where a worker introduced by this company enters into employment with the hirer or contracts on a self-employed basis with the hirer, or works for the hirer through another Agency or Third Party, all within 2 month's of temporary assignment or introduction, an introduction fee of 10% of annual salary (based on the charge rate for a 40 hour week for hourly paid workers) becomes payable forthwith.