

PMA Timesheet

Temporary Worker

Company

Name

Name

Address Line 1:

Address Line 1:

Address Line 2:

Address Line 2:

Address Line 3:

Address Line 3:

Town / City:

Town / City:

County:

County:

Postcode:

Postcode:

Report To

Invoice To

Position

Position

Ensure that your Timesheet is **completed in full, clearly & accurately – authorised & signed* by your line manager**. Your completed Timesheet must be emailed to office@paulmitchellassoc.co.uk no later than **5:00pm Friday of the week worked**.

	Work Hours (to the nearest 5 mins)			Holiday Pay (hours requested)			Notes & Comments
	AM (hours & mins)	PM (hours & mins)	Sub Total (hours & mins)	AM (hours & mins)	PM (hours & mins)	Sub Total (hours & mins)	
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
	*Total Work Hours:			Total Holiday Requested:			

I – the undersigned – hereby certify that the recorded work hours are correct:

*Candidate Signature Process Week No: __ W/E: **Friday** __ / __ / ____

End of Contract? Yes No Finish Date? __ / __ / ____ Do You Require A P45? Yes No

***CLIENT AUTHORISATION / EMAIL TO: office@paulmitchellassoc.co.uk By 5:00pm Friday (close of business) of the week worked.**

*I – the undersigned – hereby authorise & certify that the total recorded *work hours by the temporary worker are correct. By signing this Timesheet, I / the 'client' accept(s) that I / it must pay all charges invoiced in respect to the above. An authorising 'client' signature is deemed in lieu of a purchase order number. I / the 'client' agree(s) to abide by Paul Mitchell Associates' Terms of Business.*

*Total Work Hours Signed For:		*Client Signature:	
Order No:		*Client Name:	
		*Client Position:	

