

Name Of Worker

Client Name

Depot Address

  
  


**The Staffing Network Limited**

Flexible Nationwide Workforce Solutions

**Call 0330 6062636**

[www.staff-network.co.uk](http://www.staff-network.co.uk)

**The Staffing Network Limited  
 Head Office & Accounts  
 8 Cross Street, Bridgtown,  
 Cannock, Staffordshire. WS11 0BZ  
 01543 622570**

**[www.staff-network.co.uk](http://www.staff-network.co.uk)  
[accounts@staff-network.co.uk](mailto:accounts@staff-network.co.uk)**

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**WTR COMPLIANCE & WEEKLY TIMESHEET**

PLEASE COMPLETE ONE OF THE FOLLOWING DECLARATIONS

**WORKER DECLARATION 1: NB: Fraudulent recording is criminal offence and may lead to legal action being taken against you.**

1. I declare I have accurately recorded my time in this timesheet
2. I declare I have not been engaged in any work other than for The Staffing Network (The Employment Business) during this week
3. I will notify the employment business immediately of any other periods of Work that constitutes Working Time as defined under the Working Time Road Transport Regulations undertaken during this week for other employers or employment business so that the Employment Business can maintain an accurate record of my weekly Working Time.

**INSTRUCTION TO WORKER: THIS TIMESHEET MUST BE COMPLETED IN LINE WITH THE GUIDE NOTES AND ONE OF THE DECLARATIONS OPPOSITE MUST BE SIGNED BY YOU AND THE CLIENT TO CONFIRM YOUR HOURS**

Day	START OF SHIFT TIME	FINISH OF SHIFT TIME	Working Time	Periods of Availability	Total Shift Time	Breaks & Rest time	TOTAL HOURS PAYABLE	Expenses	Holiday or Sick days
Sun									
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									

**TOTAL HOURS PAYABLE FOR WEEK COMMENCING ..... / ..... / .....**

**YOUR TOTAL SHIFT TIME IS YOUR WORKING TIME + YOUR PERIOD OF AVAILABILITY. PLEASE ENSURE THAT THIS TIMESHEET IS FULLY COMPLETED AND SIGNED BY YOU AND THE CLIENT. NIGHT WORKERS ONLY :- THE BELOW CHART MUST BE COMPLETED FOR ALL WORK UNDERTAKEN. SHADE THE BOXES ACCORDINGLY**

Hours Worked in 24 Hours Clock ( 01 = 01.00 )																								
DAY	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
S																								
M																								
T																								
W																								
T																								
F																								
S																								

SIGNATURE .....

DATE ...../...../20.....

**WORKER DECLARATION 2: NB: Fraudulent recording is criminal offence and may lead to legal action being taken against you.**

1. I declare I have accurately recorded my time sheet
2. I declare I have been engaged in work in addition to work for the Employment Business set out in this timesheet this week, which constitutes Working Time as Defined under the Working Time Road Transport Regulations, accordingly I have set out this additional time in a further timesheet so that the Employment Business can maintain an accurate record of my weekly Working Time.

SIGNATURE .....

DATE ..... / ..... / 20.....

**PLEASE NOTE:- THIS TIMESHEET MUST BE RETURNED WITH TACHOGRAPH CHARTS TO OUR OFFICES NOT LATER THAN THE MONDAY FOLLOWING THE WORK UNDERTAKEN TO ENSURE CORRECT PAYMENT**

**CLIENT DECLARATION – PLEASE SIGN**

I certify the above total number of shift hours has undertaken and that payment will be made respect of total shift hours according to the terms of business. I have accepted the Employment Business Terms of Business as the Client by signing this document and on the basis of this transaction being completed.

CLIENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PURCHASE ORDER NUMBER**

OFFICE USE ONLY

CAT OF HRS	HOURS	PAY	INV	EXP