



Name of Temporary Worker:	Job Description:
	Week Commencing Sunday:

Customer Address:

	START TIME	FINISH TIME	LESS BREAKS	TOTAL HOURS	VEHICLE REG.	CLASS OF VEHICLE
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

	NETT FATABLE HOURS				
CLIENT	Name (Please Print):	WORKER	Signed:		
I, on behalf of the Company stated above, hereby agree that the aforementioned person has worked the hours as stated and that we have received a copy of "Drivers-Terms of Business"	Position:	I, hereby agree with the hours as stated above. I also declare that I have complied with in full with current Drivers Hours and Tachograph Regulations. I recognise that it is solely MY responsibility to return this timesheet, fully completed to the DRIVERS office to ensure prompt	Name (Please Print):		
Signed:		payment of my wages.			

NETT DAVABLE UALIDC

Top Copy - Return to Office BEFORE 0900 Monday Morning.Second Copy - Customer Record.Third Copy - Driver RecordPhill Stamp t/a DRIVERS 3a, St. James Road, Exeter, Devon, EX46PUemail driversagency@btconnect.comTel. (01392)215205 Fax.(01392)215505