



Castle View Personnel
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TIME SHEET

THIS DOCUMENT MUST BE SIGNED AND COMPLETED IN FULL. PLEASE ENSURE THAT THE CLIENT RETAINS A COPY. THE ORIGINAL SHOULD THEN BE SENT TO CASTLE VIEW PERSONNEL AT THE ADDRESS SHOWN ABOVE. A COPY SHOULD ALSO BE FAXED BACK TO 01463 230 535 BY 12PM ON MONDAY. ALTERNATIVELY, IT CAN BE EMAILED IN PDF FORMAT TO recruitment@castleviewpersonnel.com

To be filled in by Temporary Worker for week ending **Friday:**

NAME: _____ **JOB TITLE:** _____

DATE OF BIRTH: _____ **N.I. NUMBER:** _____

CLIENT NAME: _____

SIGNATURE: _____

HOURS WORKED: Net of lunch hours and travelling time.
PART HOURS: Please state as a decimal e.g. ½ hour = 0.5
EXPENSES: Requires Client authorised expense form to be attached.

DAYS	STANDARD HOURS	OVERTIME HOURS	TRAVEL/EXPENSES
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL HOURS			

I confirm the above hours are an accurate reflection of the hours completed by the temporary worker and I understand that these will be used to produce an invoice. I am an authorised signatory and confirm acceptance of Castle View Personnel's Terms & Conditions for the Introduction of Temporary Workers.

CLIENT SIGNATURE: _____ **PRINT NAME:** _____

COMPANY/ORGANISATION: _____ **POSITION:** _____