

**CERTIFICATE OF HOURS WORKED**

Operatives Name: \_\_\_\_\_

Week Commencing: \_\_\_\_\_

QS Care  
 137 Canal Street  
 Nottingham Contact: 01159 003500  
 NG1 7HD

payroll@qsrecruitment.com



**THE SUBMISSION OF THIS TIME SHEET IS STRICTLY BY CLOSE OF YOUR WORKING WEEK OR LAST SHIFT.**

**Quality Service Recruitment Work Completed**

By Signing this timesheet I/We confirm the total hours worked are correct and that the standard of work completed was satisfactory.  
 I/We agree that we have previously received a copy of, and accept the Terms and Conditions of Quality Service Recruitment Limited

Day	Date	Client Worked For	Work Type	Start Time	End Time	Deductible Breaks	Total Hours Worked	Client Print Name	Client Signature
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>Totals</b>	<b>Please Complete all Totals</b>								

**Expenses Payable by the Client**

Day	Date	Client Worked For	Description of expense, (Phone Calls, Toll, Fuel)	Client Signature

**Other Work**

Work completed for businesses other than Clients of QS Recruitment	Client Worked For	Date From	Date to	Hourly Pay	Agency Worked For

**Operatives Declaration**

I declare that I have accurately recorded my hours of work and have declared all work completed by any business other than Quality Service Recruitment Ltd

Operatives Signature: \_\_\_\_\_

**When recording your start and finish times please round your hours to the nearest 1/4 of an hour**