

CONTRACTOR TIMESHEET (PAYE)

Contractor Name _____

Client Company _____

Week Commencing _____



The Maltings, Mount Road, Stourbridge
West Midlands DY8 1HZ
Tel:(01384) 397555 Fax: (01384) 441782

WAKEFIELD BRANCH

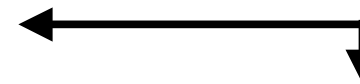
	START TIME		FINISH TIME		BREAK		TOTAL HRS (see ## below)	
	HRS	MINS	HRS	MINS	HRS	MINS		
EXAMPLE	8	30	5	30	0	45	8	25
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
WEEKLY TOTAL HOURS								

CONTRACTOR DETAILS		
SIGNATURE	PRINT NAME	DATE

I agree that this is a true and accurate record of hours worked.

CLIENT APPROVAL		
SIGNATURE	PRINT NAME	DATE

I confirm on behalf of the Client that this is a true and accurate record of the hours worked by the contractor and that my signature constitutes acceptance of the services performed and the terms of business of Jonathan Lee Contracts Limited and Jonathan Lee Recruitment.



THE FOLLOWING INFORMATION IS IMPORTANT

Please ensure:- All timesheets are authorised by the Client
All timesheets are received by **MIDDAY** on the allocated day to that pay period
All holiday's are recorded on your timesheet and on a holiday request form
All sickness is recorded on your timesheet.
Late or inaccurate timesheets will **DELAY PAYMENT**

In **TOTAL HOURS** Column please define minutes as shown below

1 hr 15 mins = 1.25 hrs
1 hr 30 mins = 1.50 hrs
1 hr 45 mins = 1.75 hrs

For Payroll Queries

FREE PHONE 0800 389 5411

TIME SHEET FAX NUMBER 01384 441782



INVESTOR IN PEOPLE



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www.jonlee.co.uk/contracts