

Client Name:..... Week Ending:.....

Site Address:.....

All Hours worked will be defaulted to Supervision Direction and Control (SDC), unless Non-SDC hours are stated below.

IMPORTANT NOTE: Timesheets received after 12.00 noon on Monday may not be included in the payroll that week.

Please ensure that this timesheet is completed and emailed to: ADA_constructionervices@outlook.com
 Please ensure that all alterations are countersigned and note that if there are queries on any sections then payment may be delayed. Please make sure that the week ending date and the Client name are accurately and clearly printed.

Agency Worker/Contractor Name.....

	Start time	Break	Finish time	Standard hours	Overtime
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS					

If Non-SDC Please Tick	<input type="checkbox"/>
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NOTICE TO CLIENTS

I confirm and agree that the total hours listed above, including overtime hours have been satisfactorily worked and that payment in respect of these will be made according to your current terms of business which I have received from you and accept as the basis of this transaction.

I can confirm that I am authorised to approve Non SDC Hours.

Signed.....

Print Name.....