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TIMESHEET

| | |
|------------------------------|--------------------|
| WEEK ENDING DATE (SATURDAY): | PURCHASE ORDER NO: |
| COMPANY NAME: | SITE ADDRESS: |
| ADDRESS: | |
| | |
| ORDERED BY: | REPORT TO: |
| NAME: | NATURE OF WORK: |

IMPORTANT: THIS TIMESHEET MUST BE COMPLETED IN FULL AND THE APPROPRIATE DECLARATIONS COMPLETED BELOW. PLEASE COMPLETE CLEARLY USING A 24 HOUR CLOCK I.E. START TIME 0600 FINISH TIME 1500

| DAY | START | FINISH | BREAKS | WORKING TIME | PERIODS OF AVAILABILITY | TOTAL SHIFT TIME |
|------|-------|--------|--------|--------------|-------------------------|------------------|
| MON | | | | | | |
| TUES | | | | | | |
| WEDS | | | | | | |
| THUR | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| SUN | | | | | | |

TOTAL WT + TOTAL POA = TOTAL SHIFT TIME

CLIENT DECLARATION: I AM AN AUTHORISED REPRESENTATIVE OF THE CLIENT AND THE ABOVE TOTAL OF SHIFT HOURS HAVE BEEN UNDERTAKEN SATISFACTORILY AND PAYMENT WILL BE MADE ACCORDING TO THE TERMS AND CONDITIONS OF BUSINESS I HAVE RECEIVED.

SIGNATURE NAME DATE

↓ MOBILE WORKERS ONLY ↓

WORKER DECLARATION 1: ONLY WORKING FOR ALIGRA

- I DECLARE I HAVE ACCURATELY RECORDED MY TIME IN THIS TIME SHEET.
- I DECLARE I HAVE NOT BEEN ENGAGED IN ANY WORK OTHER THAN FOR ALIGRA PERSONNEL DURING THIS WEEK.
- I WILL NOTIFY ALIGRA PERSONNEL IMMEDIATELY OF ANY OTHER PERIODS OF WORK THAT CONSTITUTES WORKING TIME AS DEFINED UNDER THE WORKING TIME ROAD TRANSPORT REGULATIONS UNDERTAKEN DURING THIS WEEK FOR OTHER EMPLOYERS OF EMPLOYMENT BUSINESSES SO THAT ALIGRA PERSONNEL CAN MAINTAIN AN ACCURATE RECORD OF MY WEEKLY WORKING TIME.

SIGNATURE NAME DATE

WORKER DECLARATION 2: WORKING FOR OTHER AGENCIES/EMPLOYERS

- I DECLARE I HAVE ACCURATELY RECORDED MY TIME IN THIS TIME SHEET.
- I DECLARE THAT I HAVE NOT ENGAGED IN WORK IN ADDITION TO MY WORK FOR ALIGRA PERSONNEL SET OUT IN THIS TIMESHEET THIS WEEK WHICH CONSTITUTES WORKING TIME AS DEFINED UNDER THE WORKING TIME ROAD TRANSPORT REGULATIONS, ACCORDINGLY I HAVE SET OUT THIS ADDITIONAL TIME IN A FURTHER TIMESHEET SO THAT ALIGRA PERSONNEL CAN MAINTAIN AN ACCURATE RECORD OF MY WEEKLY WORKING TIME.

SIGNATURE NAME DATE

PLEASE RECORD BELOW THE NAME OF ANY OTHER EMPLOYER AND/OR EMPLOYMENT BUSINESS YOU HAVE WORKED FOR DURING THE CURRENT WEEK ENDING DATE:

| | |
|-----------------|-----------------|
| 1. | 2. |
| NATURE OF WORK: | NATURE OF WORK: |