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TIMESHEET

Address: Gemini H	louse Hargreaves Ro	ad Swindon SN25 5AZ				
WEEK ENDING DATE (SATURDAY):				PURCHASE ORDER NO:		
COMPANY NAME:				SITE ADDRESS:		
ADDRESS:						
ORDERED BY:				REPORT TO:		
NAME:				NATURE OF WORK:		
	S TIMESHEET MUST Start time 0600 F		AND THE APPROPRIA	TE DECLARATIONS COMP	LETED BELOW. PLEASE COMPLE	TE CLEARLY USING A 2
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						
SATISFACTORI	LY AND PAYMENT W	ILL BE MADE ACCORDIN	G TO THE TERMS AN	AND THE ABOVE TOTAL O D CONDITIONS OF BUSINE		DERTAKEN
SIGNATURE				RKERS ONLY		
		V			<u> </u>	
1. I DECLARE 2. I DECLARE 3. I WILL NOTI TRANSPOR ACCURATE	I HAVE ACCURATELY R I HAVE NOT BEEN ENG IFY ALIGRA PERSONNE T REGULATIONS UNDEI RECORD OF MY WEEK	EL IMMEDIATELY OF ANY O' Rtaken during this wee Ly working time.	S TIME SHEET. R THAN FOR ALIGRA PE THER PERIODS OF WOR K FOR OTHER EMPLOY	ERS OF EMPLOYMENT BUSI	KING TIME AS DEFINED UNDER THE Nesses so that Aligra Personn	EL CAN MAINTAIN AN
SIGNATURENAME				DATE		
WORKER DEC	CLARATION 2: WOR	KING FOR OTHER AGEN	ICIES/EMPLOYERS			
2. I DECLARE Working t Timesheet	THAT I HAVE NOT ENG. TME AS DEFINED UNDI TSO THAT ALIGRA PER	ER THE WORKING TIME RO Sonnel can maintain ai	N TO MY WORK FOR AL ad transport regul N accurate record o	ATIONS, ACCORDINGLY I HA F My Weekly Working Tii		IN A FURTHER
SIGNATURE		NAME			DATE	
PLEASE RECORD	BELOW THE NAME O	OF ANY OTHER EMPLOYER	R AND/OR EMPLOYME	NT BUSINESS YOU HAVE V	VORKED FOR DURING THE CURRE	NT WEEK ENDING DATE:
1.				2.		
NATURE OF WORK:				NATURE OF WORK:		