

Once completed, this form should be sent to us by 1700 each Friday. Failure to do so may delay your pay.

You can email it to us at hello@wellplacedhr.co.uk or upload it through our website www.wellplacedhr.co.uk/temps-area

Feel free to send a scanned copy or a photo

Week End	ing:				
Name of Temporary World	ker:				
Name of Cli	ent:				
Address of Cli	ent:				
Contact Name & T					
	(Please advis	e if invoicing details	differ from the above)		
DAY	NUMBER OF HOURS WORKED IN DECIMALS		DAILY TOTAL OF HOURS	HOLIDAY REQUEST	EXPENSES
	AM	PM	IN DECIMALS	IN DECIMALS	(£)
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
		TOTALS			
I confirm that the above Te days of presentation in acc				ee to settle your in	voice within seven
These terms and conditions	s are available or	n request at any ti	me - hello@wellplac	edhr.co.uk	
Authorised Client Signatu	ure:				
Positi	ion:				
I hereby certify that the abo					ated above.
Temp Signati	ure:				
D	ate:				
T : 01872 3	09 400 E: he	ello@wellplac	edhr.co.uk W	: www.wellpl	acedhr.co.uk

