DRIVERS TIMESHEET

Week Ending:	
DRIVERS NAME:	**COMPANY NAME:**
DRIVERS PAYROLL NUMER:	**DEPARTMENT:**
	LINE MANAGER:

DATE	START TIME	BREAK	END TIME	WORKED HOURS	WTD	POA	OVERTIME HOURS	TOTAL HOURS
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
WEEKLY TOTALS.								

Please note that timesheets MUST be submitted to Lift Recruitment Limited by 10.00 on a Monday.

Client's Declaration

I am authorised to sign agreement to the above hours. I declare that the Working Time, Pay and Charge Hours are correct and accurate, other than those not through Lift Recruitment Limited. I understand that Lift Recruitment Limited will invoice for these hours in line with the Terms of Business.

Signed _____Print name_____ Date:_____

Driver's Declaration

1. I declare that the Periods of Availability (PoA) and Working Time (WT) Hours are correct.
2. I confirm that I have entered the Working Time Hours for This Week for paid work not done through Lift Recruitment Limited
3. I confirm that I have entered the Working Time Hours for Last Week, for paid work not done through Lift Recruitment Limited, and that this is the only non-Lift Recruitment Limited work I have done
4. I confirm that I will notify Lift Recruitment Limited if I undertake paid work other than through Lift Recruitment Limited.

Signed_____ Print name _____ Date:_____