



TIME SHEET

This must be completed and returned to us by **12.00pm Monday** at the latest, Failure to do this will result in your pay being held till the following week. Please send by **Fax on: 08712303306** or by **Email: timesheets@romaxsolutions.co.uk** Name of

Worker Site Week Commencing

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Time Started | | | | | | | |
| Duration Of Lunch Break | | | | | | | |
| Time Finished | | | | | | | |
| Total of Hours Actually Worked | | | | | | | |

Workers Signature

| | |
|--------------------|--|
| Total Weekly Hours | |
|--------------------|--|

The worker supplied by Romax Solutions has completed the number of hours stated above. We certify that the total hours shown on this timesheet have been satisfactorily worked and that payment will be made in respect of these in accordance with the terms and condition which we have received and accept as the sole basis of this transition.

Authorised Signature Print Name Company Name

Position PO/Ref Date