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Please return payslip before 10am Tuesday to ensure payment is on time.

Company Name: Order No: Our Ref: Week Ending:

Site Address:

Using the attributes listed below please rate each operative using the following scale:

1	2	3	4	5
Poor		Average		Excellent

NAME	TRADE	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL HOURS	SHIFT TYPE	SPEED	TIME KEEPING	ATTITUDE	SKILL LEVEL

Notice to Customer: 1. By signing this timesheet you accept the terms and conditions of business as detailed on the reverse of this timesheet, and agree that a faxed copy of this document to be legally binding as proof of total hours worked satisfactorily and you will accept accounts for the hours worked at the agreed charge rate. **2.** You acknowledge that should you employ or contract any temporary worker introduced by HR Partners, a fee calculated on our normal scale of charges for the introduction of permanent staff will become payable to HR Partners Ltd, a provider of freelance/permanent professionals to the construction industry. For more information please visit www.hr-partners.co.uk

AUTHORISED COMPANY REPRESENTATIVE

Forename: Surname:

Signature: Date: