

labmed maxxima swim

Timesheet

All boxes in this area must be completed for this timesheet to be valid. Please ensure timesheets are sent on a weekly basis. To ensure prompt payment, timesheets must be submitted by **1pm Monday**.

Full Name	
Grade & Specialism	
Organisation	
Department	
Booking Reference	

LABMED TEMPS ONLY:

Agenda for Change (AFC) Job Profile	
AFC Banding	
Spinal Point	

Day	Date	Start Time	Finish Time	Length of Meal Break	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL					

Candidate Declaration:

I hereby confirm that the above is a true and accurate record of work undertaken.

Signature _____ Name _____

Client Confirmation

I confirm the above hours are correct and the temporary worker undertook his/her duties in a competent manner. I confirm acceptance of Maxxima's Terms of Business and I understand that my signature to these hours will constitute the raising of an irreversible invoice for payment within 14 days in accordance with Maxxima Ltd (Labmed/Swim) terms and conditions. Temporary workers are responsible for all accommodation and telephone charges.

Signature _____ Print Full Name _____

Position _____ Date _____

**Once signed, please fax this timesheet to 01277 234918 or 01277 202386
Should you wish to confirm receipt, please telephone 01277 232805**