

# maxxima

## swim

## labmed

## iml

### 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					
<b>TOTAL</b>					

#### 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