Please ensure that we receive this timesheet by 10am Monday Fax: 01656 658981 / Email: timesheet@jgr.co.uk / Post: 60 Nolton Street, Bridgend, CF31 3BP



Worker Details (Surname) Worker Details (Forename) Week Ending Date (Sunday)/ 2024 Client Name Client Location								esheet No.	al Information
Hours	of work (P	Please use 24	hour clock)	Hours worked at each pay rate				e]
	Start Time	Finish Time	Time Taken for Meals / Breaks	Standard	Shift Rate	Time 1/2	Double Time	Other (Please specify)	Holiday Pay Hours
	:	:							
Mon	:	:							
Tue	:	:							
Wed	:	:							
Thu	:	:							
Fri	:	:							
Sat	:	:							
Sun	:	:							
Totals >>> Total hours worked >>>]
Notes									
I certify that the total number of hours as stated above have been worked satisfactorily and that payment, including applicable overtime rates, will be made in respect of these according to your Terms and Conditions of Business which I have received and accept as the basis of this transaction.									
	Clien	t Signature	Print Name				Date		

Neath Tel No: 01639 631444

Bridgend Tel No: 01656 767778

Please fax timesheets to: 01656 658981

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