



**Temporary Employee Timesheet**

Your First name:	Your Limited Company name (if applicable)
Your Surname:	Your preferred contact number:
Week ending: (Sunday is 'last day' of the week)	Client Company:
Please complete a PO number if applicable – this can be obtained from your Manager when he/she authorises your timesheet.	PO number:

**Please fill in the start/end times, hours and days worked (do not leave relevant sections blank)**  
If holiday payment is required, please visit [www.morganmckinley.co.uk](http://www.morganmckinley.co.uk) for a holiday request form

Day	AM		PM		Hours Worked		Days worked (if day rate)
	Start	End	Start	End	Normal	Overtime	
Sat							
Sun							
Mon							
Tues							
Wed							
Thurs							
Fri							
Total in numbers (e.g. 37)							
Total in words (e.g. thirty seven)							

Weekly Rate	<input checked="" type="checkbox"/>	Bonus if applicable	<input checked="" type="checkbox"/>
Ltd. Co. Invoice attached	<input checked="" type="checkbox"/>	This is my last Time Sheet	<input checked="" type="checkbox"/>
VAT Registered	<input checked="" type="checkbox"/>	Please issue my P45	<input checked="" type="checkbox"/>

**PLEASE READ THE FOLLOWING BEFORE YOU SEND US YOUR TIMESHEET:**

- Enter all hours worked before getting your timesheet signed
- Ensure the week ending date is correct
- Any omissions or errors may delay your payment
- Ensure your line manager signs and prints their details
- Fax your timesheet and any other correspondence to **0871 911 6098**
- After faxing your timesheet please retain the fax confirmation slip until you receive payment. For all queries, please contact any of the following numbers: **020 7438 3118**
- DO NOT send duplicates of your timesheet in the post
- If you require more timesheets, please contact [payrollfsb@morganmckinley.co.uk](mailto:payrollfsb@morganmckinley.co.uk) or download a copy at [www.morganmckinley.com](http://www.morganmckinley.com).
- Some clients only authorise original timesheets (not photocopies), please check if this applies to your assignment

**Client authorisation**

**I confirm that the above employee worked the hours stated above in that week.**

Temp signature		Date	
Client Signature		Date	
Client Name (Please print your name)		Position	

Failure to return timesheets on time will result in late payment of salary. Thank you for your cooperation.  
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