

Timesheet

Please ensure your timesheet is submitted via our website by Tuesday 12 PM.

Email: info@crystalvue.co.uk

Telephone queries (9am-5pm): 0333 050 5063

To avoid delay in payment, please ensure all fields are completed correctly. Your timesheet must be submitted tous within 21 days of your shift date, in either PDF or IPG format.

Post: Wilson Park,	Monsall R	load, Manches	ter, M40 8	BWN						
Part 1: Use BLOCI	K letters ar	nd ensure you	have com	pleted all field	ds.					
First name						Surname				
Job title						Client name				
Part 2: Use BLO	CK letters	and 24-hour t	ime to coi	nplete. Ensur	e that breaks	are deducted fi	om the total	hours.		
Client feedback: The authorising signatory must be completed.									CLIENT USE	ONLY
Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Pos	Position		Client initials	
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										l
Total payable hours (excluding breaks)										
Part 3: Please ensure you complete the timesheet in full and submit it via our website by 12pm Tuesday. Payment can be delayed if you do not meet this deadline, or if submitted timesheets are incomplete/unclear.										
if I knowingly provide information from this	rmation I hav le false inform s form to and ganisation wh	mation this may by Crystal Vue Lich operates in the	result in disc td., the Aut ne same capa	ciplinary action, hority, other Pub acity for any oth	and I may be li blic Sector body her Public Sector	able to prosecution and Private entities r organisation) for	n and civil recovers who have a similar the purpose of	ery proceedings. lar requirement	his timesheet. I unders I consent to the disc and the Counter Fraud is claim and the inves	losure of Services
Date:	Job ti	Job title:							Candidate signature:	
hours/shift that I am liable to prosecution a entities with similar re	gnatory for n authorising a and civil recove equirements a ification of th	are accurate and I very proceedings. and the Counter F his claim and the i	approve pay I consent to raud Service	ment. I understa the disclosure of (or other similar	and that if I kno information from organisation wh	wingly provide fal- n this form to and b ich operates in the	se information th by Crystal Vue Lt same capacity for	is may resultin o d., the Authority r any other Public	of Temporary Worker disciplinary action, and a public Sector body ar c Sector organisation) in eceived an appropriate	I may be nd Private n England
Date:	Job title:			Print name:		Client aut	Client authoriser signature:		Cost centre stamp (if applicable):	

Timesheet instructions

To avoid delays in payment, please ensure that:

- 1. All required fields within the timesheet are completed
- 2. The timesheet is signed and dated by both you and the client
- 3. The timesheet is submitted no later than 12pm Tuesday
- 4. The timesheet is clear and legible
- 5. All breaks are stated on the timesheet
- 6. The correct day and date are entered. Do not use another day if you work past midnight