|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Site Name: | | |  | |  | | |
| Employee Name: | | |  | |  | | |
| Week ending Sunday: | | |  | |  | | |
| Job Position: | | |  | |  | | |
|  |  |  |  | |  |  |  |
| **DATE OF SHIFT WORKED** | **DAY** | **START TIME** | **BREAK** | | **END TIME** | **TOTAL HOURS WORKED** | **COMMENTS** |
|  | Monday |  |  | |  |  |  |
|  | Tuesday |  |  | |  |  |  |
|  | Wednesday |  |  | |  |  |  |
|  | Thursday |  |  | |  |  |  |
|  | Friday |  |  | |  |  |  |
|  | Saturday |  |  | |  |  |  |
|  | Sunday |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| **TOTAL** | | | | | |  |  |
|  |  |  |  |  | |  |  |
| **SITE AUTHORISED SIGNATORY** | | | | | | | |
| **THIS MUST BE SIGNED BY A PERMENENT MEMBER OF STAFF ONSITE** | | | | | | | |
|  |  |  |  |  | |  |  |
| **NAME IN BLOCK CAPITALS** | |  | | | | | |
|  |  |  |  |  | |  |  |
| **SIGNATURE** | |  | | | | | |
|  |  |  |  |  | |  |  |
| **PLEASE NOTE** | | | | | | | |
|  |  |  |  |  | |  |  |
| **FAILURE TO HAVE YOUR TIMESHEET SIGNED BY AN AUTHORISED SITE SIGNATORY MAY RESULT IN NON PAYMENT OF YOUR WAGES**  Please ensure that your timesheet is completed with the correct dates and times of your shift(s)  Employees are paid on a 2 weekly basis on a Friday. Timesheets should be submitted to the PMR payroll department on Monday before 13:00 hours in order for payment to credit bank accounts the following Friday.  Timesheets received after this time will not be processed within this payroll and will be held until the next available payroll.  Please submit your signed timesheet to [payroll@pmr.uk.com](mailto:payroll@pmr.uk.com)  Alternatively please fax your timesheet(s) to 02076917358 | | | | | | | |