

HKN 24/7 Services – timesheet

SECTION 1 - Complete in BLOCK CAPITALS.

Client Name _____

Address _____

Department _____

SECTION 2 - Please write your breaks when totalling your hours worked & ensure you use the 24hr clock. Unless "NB" (no break) is written in the break column then breaks will automatically be deducted if not included

Day	Date	Start	Break	Finish	Total Hrs (Excl. Breaks)	Reference Number	Approved Signatory
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Total Hours (Excl. Breaks)							

SECTION 3 - Please ensure your time sheet is fully completed and either emailed or posted to HKN 24/7 Services before Monday 12PM to secure payment on that week. Failure to do so may result in your payment being delayed and/or amended

Email or Fax your TIMESHEET by Monday 12PM

Address: Unit 27A, Lenton Business Centre,
Lenton Blvd, Nottingham, NG7 2BY
Telephone: 0115 734 0150
E-mail: timesheets@hkn247services.co.uk

Agency Worker

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this time sheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any HKN 24/7 Services Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Signed by _____

Position _____

Print Name _____

Date _____

Authorised by: (Senior Member of Staff)

I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by any HKN 24/7 Services authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to HKN 24/7 Services current terms of business.

Signed by _____

Print Name _____

Date _____