|  |
| --- |
| **Client Name:**  |
| **Site Name:**  |
| **Site Contact:**  |
| **Job Title:**  |
| **Client order Number:** |
| **Temporary Worker:**  |
| **W/E Date:**  |
| **Consultant:**  |

**CERTIFICATE OF HOURS WORKED**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Location | Expenses If applicable | Chargeable Days |
| **MONDAY** |  |  |  |
| **TUESDAY** |  |  |  |
| **WEDNESDAY** |  |  |  |
| **THURSDAY** |  |  |  |
| **FRIDAY** |  |  |  |
| **SATURDAY** |  |  |  |
| **SUNDAY** |  |  |  |
|  |  | **TOTAL HOURS WORKED** |  |

|  |  |
| --- | --- |
|  **CLIENT** **USE** **ONLY** | I certify that the total number of hours has been worked by the Temporary Worker and that all breaks and absences have been deducted from the Chargeable Hours. I acknowledge that the supply of the Temporary Worker is subject to Skilled Careers’ standard Terms of Business and confirm that payment will be made within the specified payment terms. |
| **Name:**  | **Position:**  |
| **Client Signature: Date:**  |
| Please note that Skilled Careers will pay the Temporary Worker based on the hours authorised by you in this Certificate of Hours Worked. Such payment will already have been made when Skilled Careers invoice you for the relevant hours. |

**Please email all timesheets to** **account@skilledcareers.co.uk** **before 10.00am Tuesday**