

PLEASE PROVIDE BACK TO BRANCH BY 11:00 am MONDAY MORNING

PLEASE FAX BACK TO: 02380 613513



# Work Record

CLIENT NAME:

LOCATION:

DEPARTMENT:

COST CENTRE No:

REPORTING TO:

Candidates Name:

Employee Number:

Weekending Date:

Day & Date	Grade Banding	Start Time	Finish Time	Break Deducted (minutes)	Basic Hours	Over Time	Total Hours	Authorisation Signature* <small>(an authorisation signature must be entered against each day's work)</small>	Name	Mileage Incurred

**\* Client Authorisation Signature**  
 I confirm that the hours shown above are correct and that the work was performed satisfactorily and in accordance with the prevailing rules and conditions.

**This agreement is made between** the Client named below ("us", "we", or "our" throughout this document) and the Worker named below ("you", "your" or "yours" throughout the 'direct contract for services' overleaf) and is subject to the details of Assignment set out below and the definitions and formal agreement terms set out overleaf. In signing this agreement below, both parties confirm they have read, fully understood and agree the terms set out in this document, and the Worker specifically acknowledges that he/she is an External Worker as defined overleaf.

We confirm we have read, fully understand and agree the terms of 'direct contract for services' overleaf.

Client Signature: \_\_\_\_\_ Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_