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# SCHEDULE OF WORK

WHITE COPY CLIENT YELLOW COPY CONTRACTOR BLUE COPY OFFICE

Week Ending \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Name of Client \_\_\_\_\_

Address of Client \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

(Please advise if invoicing details vary from above)

**HOURLY CONTRACTS** **DAILY CONTRACTS**

DATE	START TIME	FINISH TIME	LUNCH (Hours)	OVERTIME (Hours)	TOTAL CHARGEABLE (Hours)	DAYS WORKED
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
<b>TOTAL FOR WEEK</b>						

I confirm that the contractor has worked the hours stated and agree to pay your account within 7 days of presentation in accordance with the terms of business outlined overleaf.

Authorised Client Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_

I hereby certify that the above record of hours I have worked and that I accept the conditions of temporary employment which I have received for the week ending stated above.

Signature of Contractor \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

