[www.topchef.agency](http://www.topchef.agency)

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | OFFICE USE ONLY |  |
| LTD COMPANY NAME |  | PO NO: |  |
| WC DATE: |  | INVOICE NO: |  |
| PAY WEEK: |  |  |  |

Please ensure you obtain verification of hours worked **(minus breaks)** and submit your timesheet to

[topchef@nlsuk.com](mailto:topchef@nlsuk.com)

no later than 07:00 Monday morning

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DAY | ESTABLISHMENT NAME | START TIME | FINISH TIME | TOTAL HOURS **after break** | JOB TITLE | LIVE IN  Y/N | CLIENT SIGNATURE |
| Sunday |  |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

**DECLARATION:**  PLEASE SIGN BELOW TO AGREE THE HOURS WORKED. PLEASE ENSURE AT ALL TIMES YOUR TIMESHEET IS AUTHORISED BY THE CLIENT.

NAME SIGNATURE DATE

I declare I will adhere to all H&S Policies whilst working on behalf of TOP CHEF t/a NLS **AND** at all times I declare I will ensure I have the appropriate PPE before accepting an assignment from NLS.

NAME SIGNATURE DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB Fraudulent recording is a criminal offence and action may be taken against you.