

Timesheet and Holiday Request Form



| | |
|---|--|
| Contractor name | |
| Limited/umbrella company name (if applicable) | |
| Client company name | |
| Client authorisation number (if applicable) | |
| Paid weekly or monthly? | |
| If weekly, how many weeks does this timesheet cover? | |
| End date for this timesheet (Sunday for weekly) | |

| |
|-------------------------|
| PAYROLL DEADLINE |
| Tuesdays |
| 10 AM |

| DATE | WORKING TIME | | | | | | NON-WORKING TIME | | |
|---------------|--------------------------------|--|-------------|--------|--------------------|--|------------------------------|--------------|---------------------------|
| | Full or Half Days Worked | Start Time | Finish Time | Breaks | Total Hours Worked | Number of Overtime Hrs Included in Total | Full or Half Days Not Worked | State Reason | Tick to be paid holiday * |
| | Only complete if on daily rate | < ----- Only complete if on an hourly rate ----- > | | | | Only complete if eligible | | Mandatory | PAYE workers only |
| 1st | | | | | | | | | <input type="checkbox"/> |
| 2nd | | | | | | | | | <input type="checkbox"/> |
| 3rd | | | | | | | | | <input type="checkbox"/> |
| 4th | | | | | | | | | <input type="checkbox"/> |
| 5th | | | | | | | | | <input type="checkbox"/> |
| 6th | | | | | | | | | <input type="checkbox"/> |
| 7th | | | | | | | | | <input type="checkbox"/> |
| 8th | | | | | | | | | <input type="checkbox"/> |
| 9th | | | | | | | | | <input type="checkbox"/> |
| 10th | | | | | | | | | <input type="checkbox"/> |
| 11th | | | | | | | | | <input type="checkbox"/> |
| 12th | | | | | | | | | <input type="checkbox"/> |
| 13th | | | | | | | | | <input type="checkbox"/> |
| 14th | | | | | | | | | <input type="checkbox"/> |
| 15th | | | | | | | | | <input type="checkbox"/> |
| 16th | | | | | | | | | <input type="checkbox"/> |
| 17th | | | | | | | | | <input type="checkbox"/> |
| 18th | | | | | | | | | <input type="checkbox"/> |
| 19th | | | | | | | | | <input type="checkbox"/> |
| 20th | | | | | | | | | <input type="checkbox"/> |
| 21st | | | | | | | | | <input type="checkbox"/> |
| 22nd | | | | | | | | | <input type="checkbox"/> |
| 23rd | | | | | | | | | <input type="checkbox"/> |
| 24th | | | | | | | | | <input type="checkbox"/> |
| 25th | | | | | | | | | <input type="checkbox"/> |
| 26th | | | | | | | | | <input type="checkbox"/> |
| 27th | | | | | | | | | <input type="checkbox"/> |
| 28th | | | | | | | | | <input type="checkbox"/> |
| 29th | | | | | | | | | <input type="checkbox"/> |
| 30th | | | | | | | | | <input type="checkbox"/> |
| 31st | | | | | | | | | <input type="checkbox"/> |
| Totals | | | | | | | | | |

| CONTRACTOR CONFIRMATION | | | CLIENT CONFIRMATION | | |
|--|--|---|---|--|--|
| I confirm that this is an accurate record of my working and non-working time and I have ticked to be paid holiday (if applicable). | | | I confirm that the time worked above has been worked by the contractor and that the work carried out has been completed satisfactorily. The total time shown may be invoiced to the client company above at agreed rates. | | |
| Consultant Signature | | Tick if this is your last timesheet <input type="checkbox"/> | Client Signature | | |
| Print Name | | | Print Name | | |
| Date | | | Date | | |

Please email a signed copy of this timesheet to payroll@ibamconsulting.com (or fax to 02030700136).
 If you provide your services through a personal service company or other intermediary, please also make sure you send us a valid UK invoice.
 * Note that holiday will only be paid if you have sufficient accrued leave at the time of payment.