



Unit B
Enterprise Way
Bridlington
East Yorkshire
YO16 4SF

Week Ending Friday
/ /

Tel: 01262 608313

Email: accounts@seaton-rail.com

Operative Name:

Role/ Discipline:

Order Number: *(For Office Use Only)*

Site I.D. *(For Office Use Only)*

Client Name & Site Address:

CERTIFICATE OF TRAVEL TIME AND SITE HOURS

EXAMPLE	TRAVEL START				SITE START				SITE END				TRAVEL END				MEAL BREAK				HOURS PAYABLE
	0	7	0	0	0	8	0	0	1	3	0	0	1	4	0	0	0	0	3	0	10
Saturday																					
Sunday																					
Monday																					
Tuesday																					
Wednesday																					
Thursday																					
Friday																					

OPERATIVE DECLARATION: I certify that the hours above are a true record of both my travel time and site times;

Operative Signature:

CLIENT AUTHORISATION: I certify that the hours recorded on this timesheet are correct, all hours payable will be invoiced. All staff have received a Task Briefing/ Site Induction on Health, Safety and Welfare arrangements.

Name:

Position:

Signature:

Date:

Top copy to be returned to Seaton Rail by 18:00 hours on Tuesday following the week ending date, Client to retain the second copy and the third copy should be retained by the site operative. Where the working hours regulations have been exceeded Seaton Rail Form SRF11 must be attached to this time sheet.

SEATON RAIL ON CALL MANAGER TEL: 01262 608313

No Timesheet No Pay!