

Recruitment Divisions plc
Payroll Department
37 George Street Croydon CR0 1LB
tel: 020 8686 5353 fax: 020 8686 2666

Contractor/Worker Name

Contractor No.

Client Name _____ Week ending (Sat) _____

Client Address _____
Postcode _____

If this is the last week of your employment and you require a P45, please tick this box

Client Authorisation

We certify that the **total hours** worked are correct and will accept your account for the chargeable hours shown. We agree to your terms and conditions of business as provided at the commencement of the assignment.

	Normal hours	Overtime hours Rate _____	Overtime hours Rate* _____
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total Hours			

* If overtime paid at 2 different rates

Signed _____ (client)

Position _____

Print Name _____

Date _____

Payroll copy white
Client copy yellow
Employee copy blue