



www.sargent-disc.com
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Crew Timesheet

Production

Company

Employee Name: _____

Week ending: Sunday

Day		Worked				Overtime		Claim for Allowances						Notes/Comments
		From	To	Hours	Mins	Hours	Mins	Meals		Mileage		Other		
								£	p	£	p	£	p	
Mon	am													
	pm													
Tue	am													
	pm													
Wed	am													
	pm													
Thu	am													
	pm													
Fri	am													
	pm													
Sat	am													
	pm													
Sun	am													
	pm													

Signed: _____

Employee

Certified: _____

Head of Department

Approved: _____

Unit Production Manager

Amount:

Allocation:

Amount:

Allocation:

Accounts Use Only

Salary	<input type="text"/>	<input type="text"/>
Holiday Pay	<input type="text"/>	<input type="text"/>
Overtime	<input type="text"/>	<input type="text"/>
Expenses	<input type="text"/>	<input type="text"/>

Car	<input type="text"/>	<input type="text"/>
Box	<input type="text"/>	<input type="text"/>
Per Diem	<input type="text"/>	<input type="text"/>
Per Diem Paid	<input type="text"/>	<input type="text"/>

Tax Code	<input type="text"/>	Wk1 / Cum	<input type="text"/>
Hourly Rate	<input type="text"/>	Daily Rate	<input type="text"/>
Hours	<input type="text"/>	Total	<input type="text"/>
		Less	<input type="text"/>