



Riverside recruitment

RIVERSIDE DISTRIBUTION TIMESHEET



Riverside recruitment

WEEK COMMENCING..... NAME.....

| SHADED AREAS ARE MANDATORY FIELDS | DRIVING PERIOD | | | | | | END SHIFT | SHIFT HOURS | BREAK | PAYABLE HOURS | DRIVING HOURS | POA | JOB INFO REG & TRAILER No. |
|-----------------------------------|----------------|-------|--------|-------|--------|-------|-----------|-------------|-------|---------------|---------------|-----|----------------------------|
| | START SHIFT | START | FINISH | START | FINISH | START | | | | | | | |
| MONDAY | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | |
| CLIENT | | | | | | | | | | | | | |
| TUESDAY | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | |
| CLIENT | | | | | | | | | | | | | |
| WEDNESDAY | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | |
| CLIENT | | | | | | | | | | | | | |
| THURSDAY | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | |
| CLIENT | | | | | | | | | | | | | |
| FRIDAY | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | |
| CLIENT | | | | | | | | | | | | | |
| SATURDAY | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | |
| CLIENT | | | | | | | | | | | | | |
| SUNDAY | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | |
| CLIENT | | | | | | | | | | | | | |

NOTE - In order for your wages to be processed correctly and on time, this timesheet **MUST** be with Riverside no later than 12:00 noon on Monday. All DUE analogue tachograph charts must be enclosed.

VEHICLE CHECK LIST

| | CLIENT CHECKS COMPLETED | OIL | WATER | LIGHTS | FUEL | SUZIES | PIN | TYRES | NO PLATE | VISIBLE DAMAGE DESCRIPTION | |
|---------------------------------------|-------------------------|-----|-------|--------|------|--------|-----|-------|----------|----------------------------|---------|
| | | | | | | | | | | UNIT | TRAILER |
| MONDAY | | | | | | | | | | | |
| TUESDAY | | | | | | | | | | | |
| WEDNESDAY | | | | | | | | | | | |
| THURSDAY | | | | | | | | | | | |
| FRIDAY | | | | | | | | | | | |
| SATURDAY | | | | | | | | | | | |
| SUNDAY | | | | | | | | | | | |
| ANY OTHER DAMAGES / FAULTS: | | | | | | | | | | | |
| DETAILS / SKETCH (Photos if possible) | | | | | | | | | | | |

IN THE EVENT OF AN ACCIDENT THE FOLLOWING INFORMATION IS REQUIRED

YOUR VEHICLE:

Date:
 Reg No:
 Make:
 Name:
 Address:
 Tel:

OTHER VEHICLE:

Reg No:
 Make:
 Name:
 Address:
 Tel:

WITNESS:

Name:
 Address:
 Tel: