

**C.S.R WTD MOBILE WORKERS WEEKLY RECORDED HOURS**

DRIVERS NAME: \_\_\_\_\_

DAY/ CLIENT	DATE	START TIME	FINISH TIME	TOTAL HOURS	BREAK	SUB TOTAL HOURS	LESS POA	TOTAL DAILY HOURS WORKED
SUNDAY Client:								
MONDAY Client:								
TUESDAY Client:								
WEDNESDAY Client:								
THURSDAY Client:								
FRIDAY Client:								
SATURDAY Client:								

**PERIODS OF AVAILABILITY**  
Key example:

Double manning, accompanying train/ ferry crossing.

Waiting for someone else to load/ unload.

Delays at Customer Premises.

Delay driver departure.


Vehicle breakdown.


Total hours

Total weekly  
POA

Total hours  
Worked

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Rest 

Driving/ other Work 

**EMPLOYEE DECLARATION**

Please complete either A or B and return this declaration to our office.

**Declaration A**

In order to comply with the provisions of the Road Transport Regulations, I can confirm that I am not currently engaged in any work commitments other than my employment with **C.S.R Ltd.**

I will formally advise the above if this changes and if I work for anyone else in the future, whatever the nature of that work may be.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Declaration B**

In order to comply with the provisions of the Road Transport Regulations, I confirm that I currently have work commitments as follows:

Name of Employer: \_\_\_\_\_

Contract name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Nature of my work: \_\_\_\_\_

Expected number of hours to be worked each week: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

P.O.A. 

Driving 

OFFICE  
USE:  
Logged

Week #