THIS TIMESHEET MUST REACH US NO LATER THAN MONDAY **MORNING 10AM:** WEEKLY

WHATSAPP TO THE PAYROLL MOBILE: 07522 779 613

MUST BE SIGNED BY THE HOME MANAGER OR CLINICAL LEAD IN THE HOME TO VERIFY YOUR HOURS!

FIRST NAME:	**SURNAME:**	**JOB TITLE:**
NAME OF THE HOME:		
DATES WORKED:		
WEEK ENDING:		

Summary of Hours worked

1 TIMESHEET PER PLACE OF WORK (DO NOT USE THE SAME TIMESHEET FOR MULTIPLE HOMES)

Please ensure this time sheet is **completed**, signed by supervisor or client and forwarded to your local branch or the accounts department at 24HR HEALTHCARE on Monday morning to enable wages to be processed and paid in the initial week. Please note that if timesheet reaches us later then stated above wages will not be processed until the following week.

DAY	Date/Month/Year	UNIT/WARD	TIME STARTED	BREAK	TIME FINISHED	TOTAL HOURS	Client Signature	Client PRINT NAME	Client's position & Date
MONDAY							*	*	
TUESDAY							*	*	
WEDNESDAY							*	*	
THURSDAY							*	*	
FRIDAY							*	*	
SATURDAY							*	*	
SUNDAY							*	*	
					Total Hours				

CLIENT FEEDBACK:

Candidate declaration

I declare that the information I have given on this form is correct and complete and I have not claimed additional hours elsewhere for the same shift. I understand that if I knowingly Provide false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings and 24hr healthcare will report this to the UKBA Fraud department and DBS services.

Signed …….. Position ……..

Print Name: …….. Date …….