

Your details
Please use **CAPITALS** to make it easier for us to read, so we don't make any mistakes.

TIMESHEET

TIMESHEET:
REF NUMBER
COPIES: White Copy – your copy (Send PDF to office)
Blue Copy – Unit or Ward/ Home (placement)

First Name: _____ **Surname:** _____ **Unit/Ward/Home** _____ *Where have you been working?*

Your working week Monday to Sunday. Fill in the DATE below. Please state the TIME of work & also state (tick/cross) AM or PM. Tick/cross if you slept over on shift

CLIENT SIGNATURE BELOW ONLY

| MONDAY | SHIFT START | SHIFT FINISH | TOTAL HOURS (Excl. Breaks) | SLEEP IN? | Booking Ref. |
|-------------|-------------|--------------|----------------------------|---|--------------|
| D D M M Y Y | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| TUESDAY | SHIFT START | SHIFT FINISH | TOTAL HOURS (Excl. Breaks) | SLEEP IN? | |
| D D M M Y Y | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| WEDNESDAY | SHIFT START | SHIFT FINISH | TOTAL HOURS (Excl. Breaks) | SLEEP IN? | |
| D D M M Y Y | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| THURSDAY | SHIFT START | SHIFT FINISH | TOTAL HOURS (Excl. Breaks) | SLEEP IN? | |
| D D M M Y Y | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| FRIDAY | SHIFT START | SHIFT FINISH | TOTAL HOURS (Excl. Breaks) | SLEEP IN? | |
| D D M M Y Y | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| SATURDAY | SHIFT START | SHIFT FINISH | TOTAL HOURS (Excl. Breaks) | SLEEP IN? | |
| D D M M Y Y | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | |
| SUNDAY | SHIFT START | SHIFT FINISH | TOTAL HOURS (Excl. Breaks) | SLEEP IN? | |
| D D M M Y Y | | | | Y <input type="checkbox"/> N <input type="checkbox"/> | |

SIGNED BY YOU: The above hours are correct & I performed my duties to the best of my ability

DATE & SIGNATURE

D D M M Y Y

SIGNED BY END CLIENT: I can confirm that the (above) has completed the above hours. I am authorised within my position to sign this timesheet.

Full Name: _____

Position: _____ DATE & SIGNATURE

D D M M Y Y

Your working week is now complete – just one more task to perform. To ensure you get paid correctly & on time (see Below)

A Copy of this TIMESHEET needs to be with PAYROLL by 10am MONDAY (we only want it by then, so that we can pay you on time.)

- (1) You can submit through the website (3) Or pop into the office & say Hello
- (2) You can Email this over to the OFFICE – timesheets@care247healthcare.co.uk

If you are going to email this across, we recommend you use your smart phone (download the app TINY SCANNER) we recommend that you CC yourself on the email, only when you see the email sent to yourself, will you guarantee that you have done everything to ensure it's been received.