TIMESHEET

Please note timesheets must be received by 10.00 on Monday to ensure payments. Late timesheets will be processed the following week

WEEK ENDING SUN\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

|  |  |
| --- | --- |
| EMPLOYEES NAME | CLIENT  |
| JOB TITLE | ADDRESS |

 SHIFT WORKED

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DAY | DATE | START | FINISH | DAY | NIGHT | BANK HOLIDAY | REAMARKS |
| MON |  |  |  |  |  |  |  |
| TUE |  |  |  |  |  |  |  |
| WED |  |  |  |  |  |  |  |
| THUR |  |  |  |  |  |  |  |
| FRI |  |  |  |  |  |  |  |
| SAT |  |  |  |  |  |  |  |
| SUN |  |  |  |  |  |  |  |

EMPLOYEES SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TOTAL HOURS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TO BE COMPITED BY CLIENT**

I certify that the above hours worked by the agency worker are correct and accept the terms and conditions of Broomhill Care Group Ltd (a copy is available on request) and should be invoiced accordingly.

AUTHORISED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Hours worked and Authorised: HRS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minutes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHITE: OFFICE BLUE: CLIENT