

Timesheet

Week Commencing Monday _____

Staff Details	Client Details
First Name:	Client/Hospital:
Last Name:	

Date	Start Time	End Time	Breaks		Total Paid Time		Total Paid Time in words	Client's Name	Position	Client's Signature
	24hr clock		hrs	min	hrs	min				
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

TOTAL PAID TIME	hrs	min	in words

Agreed by client
Signature: _____

Signature of the time sheet by the Client indicates satisfaction with the services provided by the Worker and confirmation of the number of hours worked. Failure to sign the time sheet does not absolve the Client's obligation to pay the charges in respect of the hours worked. If hours given are incorrect, it is the Client's responsibility to pay any overcharge. Late receipt of time sheets may delay payment.

Registered
in England
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