



WEEKLY TIMESHEET

ALL TIMESHEETS MUST BE RECEIVED NO LATER THAN 17:00 EVERY MONDAY

Complete the following in BLOCK CAPITALS First name and surname should be on the first line, first name as per your identification documents. Client name should have the name of the client e.g. Care Home.

Timesheets should be signed by an authorised person. Upon completion of each week please submit through:

WhatsApp/MMS - **0777 365 247 4**
Email-timesheets@primarycarers247.co.uk
NOTIMESHEET= NO PAY

First name: _____ Surname: _____

Client Name: _____

PLEASE USE 24 HOUR CLOCK E.G. 2PM = 14:00. DESIGNATED BREAK TIME WILL AUTOMATICALLY BE DEDUCTED IF BREAK TIME IS NOT WRITTEN DOWN. 'NB' OR 0 BOTH COUNT AS NO BREAK

DAY	DATE <small>(E.g. 01/01/2018)</small>	START <small>(E.g. 08:00 or 20:00)</small>	END	BREAK	TOTAL HOURS	CLIENT SIGNATURE	PRINT NAME/POSITION
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
TOTAL WEEKLY HOURS (EXCLUDING BREAKS)							

To the agency worker:
I declare that all information I have provided on this form is correct and complete and that I have not claimed for these hours/shifts elsewhere. I understand that falsified information can lead to disciplinary action and possible liability for prosecution and civil recovery proceedings. I approve of the disclosure of information from this timesheet to any such authorised body in dealing with cases of fraud (claim, investigation, prevention, detection and prosecution).

To the authorised person:
I am the authorised signatory of the aforementioned client. I am signing to authorise and approve the above hours/shift and to confirm the accuracy of these. I approve of the disclosure of information from this timesheet to any such authorised body in dealing with cases of fraud. I also understand a standard introductory fee will be charged if an agency worker from Primary Carers 24/7 Ltd is taken on full time or engaged through a different agency. Payment will be made as per the terms and conditions of Primary Carers 24/7 Ltd. By signing/authorising this timesheet you are agreeing to our standard terms of business.

Signature _____

Name of Worker _____

Date _____

Signature _____

Name of Manager or Authorised Person _____

Date _____

FOR OFFICE USE ONLY	
WEEK	
HOURS	
APPROVED	