Please use a separate time sheet for each client. Write in ballpoint using block capitals.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Use 24 hr clock | | Break  Taken | Actual hours worked | | Client Signature |
| Start  Time | Finish  Time | Day | Night |  |
| MON | | | | |  | | | | |  |
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|  |  | | | | | |
| TUE | | | | |  | | | | |  |
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| WED | | | | |  | | | | |  |
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| THU | | | | |  | | | | |  |
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| FRI | | | | |  | | | | |  |
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| SAT | | | | |  | | | | |  |
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| SUN | | | | |  | | | | |  |
| | | | |  | | | | |  |
|  |  |  |  |  |  |  |
| Total Hrs | | Hours worked (in words) ………………  Name of authorized signatory …………………………………..  ……………  Signed\* ………………………………………  Designation …………………………………  Dated ………………………………………. | | | | |
| Week day | |
| Week end | |

|  |
| --- |
| First Name(s) |
| Surname | |
|  |
|  |
| Client Name | |
|  |
| Address | |
|  |
| |Post code | |
|  |
| Client Number | | | | | | |
|  |
| Signature of Carer/Support Worker  …………………………………………….. |
| Date | | || | || | |
|  |
| This time sheet must be completed each week and be at the office by Monday of each week.  Failure to meet these deadlines will result in a delay of payment of fees. |

**Please ensure a copy of time sheet is left with client.**

|  |
| --- |
| **Authorised Signatory**  I hereby certify that the hours shown are correct and that the work performed was satisfactory and I understand that you will invoice me for this within the next fourteen days.  I also confirm that my acceptance of the terms and conditions of business, a copy of which I have received. |