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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Use 24 hr clock | BreakTaken | Actual hours worked | Client Signature |
| StartTime | FinishTime | 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 |  | |  | |  |  | |  | |  |
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|  |  |  |  |  |  |  |
| Total Hrs | Hours worked (in words) ………………Name of authorized signatory …………………………………..……………Signed\* ………………………………………Designation …………………………………Dated ………………………………………. |
| Week day |
| Week end |

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| --- |
| 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.**

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| **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. |