



Professional Services LTD

Nursing and Care Agency

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TIME SHEET

Candidate's Name:	Client Organisation:
Job Title:	Home/Unit Address:
Week Ending:	

***Enter all hours to the nearest quarter hour**

Day	Date	Start Time	Finish Time	Unpaid Break Time	Total Paid Hours	Client Signature <small>(For multiple shifts)</small>	Reference No <small>(For Official Use Only)</small>
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							

Additional Information:

Total Paid Week Hours	
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I agree that the total hours recorded above are correct.

Candidate's Signature:..... Date:.....

AUTHORISATION: I / We confirm that the hours and Job Title shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. I / We accept to be bound by the agreed contract terms and conditions.

Authorised Client Signature:..... Date:.....

Position / Grade:.....

Submit time sheets every Friday by 5:00pm and get paid following Monday and submit time sheet every Wednesday by 5:00pm and get paid following Friday. This only applies to LTD Companies. Everyone else submit time sheets every Friday by 5:00pm to be PAID the following Friday