409 Victory Business Centre

Tel: 02392178770

Mob: 07982826937

Frankli timoshoots@avalitaana aa ul



THIS TIMESHEET IS TO BE SIGNED BY THE SHIFT SUPERVISOR & SENT VIA EMAIL OR POST TO THE OFFICE BY TUESDAY AT 5PM

Payroll Email: payroll@qualitcare.co.uk						ľ	No:	
Staff Name:								
Client:								
	DATE	START	FINISH	BREAK	HOURS WORKED	SUPERVISOR'S INITIALS	SUPERVISOR'S SIGNATURE	
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
Mileage:								
I declare that the hours signed in this timesheet are correct, have been worked and have not been claimed elsewhere.								
Total Paid Hours (in words): Agency Staff Signature:								
We certify that the above mentioned member of Qualitcare has attended an assignment with us at the stated times.								
Authorised by: Signed:				Positi	Position:			
	Print Name: Date:							