



Timesheet

Your details Please use CAPITALS to make it easier for us to read, so we don't make any mistakes. TIMESHEET: REF NUMBER COPIES:

White Copy – your copy (Send PDF to office) Blue Copy – Unit or Ward/ Home (placement)

First Name	Surname	Unit/Ward/Home	
Name			

Where have you been working?

Reviewed: 08-04-2021

Reviewed by: Alfred Okore

Your working week Monday to Sunday. Fill in the DATE below. Please state the TIME of work & also state (tick/cross) AM or PM. Tick/cross if you slept over on shift

DATE (DD/MM/YY)	SHIFT	SHIFT FINISH	TOTAL HOURS (Excl. Breaks)	SLEEP IN? (Y/N)	BOOKING REF.	CLIENT SIGNATURE

SIGNED BY YOU: The above hours are	Signature	:
correct & I performed my duties to the best of my ability	Date	:
	Full Name	



Reviewed: 08-04-2021

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SIGNED BY END CLIENT: I can confirm that the (above) has completed the above hours. I am authorised within my position to sign this timesheet.

admin@newhorizonhealthcareservices.co.uk

Position	:
Signature	:
Date	:

everything to ensure it's been received.

Your working week is now complete – just one more task to perform. To ensure you get paid correctly & on time (see Below):

A Copy of this TIMESHEET needs to be with PAYROLL by 10am MONDAY (we only want it by then, so that we can pay you on time.)

(1) You can submit through the website (3) Or pop into the office & say Hello

(2) You can Email this over to the OFFICE –