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| --- | --- |
| Candidate Name: |  |
| Reporting To: |  |
| Job Title |  |
| Company Name: |  |



Armstrong House, First Avenue, Finningley Airport, Doncaster,DN9 3GA

Tel: 01302459716

www.healthandsocialcareprofessionals.co.uk

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| --- |
| **Email:** **timesheets@handscare.co.uk****Timesheets must be submitted by Friday 00:00 by post or email** |
|  | DateDD/MM/YYYY | Start Time | Finish Time | Break Start | Break Finish | Hours Worked | Authorised Signature |
| Monday |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |
| Friday  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |
| Sunday  |  |  |  |  |  |  |  |  |  |
| Please use 24 hour clock | Total Hours Worked |  |  |  |  |

To be completed by Head of Department/ To be completed by Agency Worker

Authorised Signatory

Signature Signature

Print Name Print Name

Position Position

Date Date

**Declaration:** We confirm that the hours and grade/band shown on this timesheet have **Declaration:** I confirm I have worked the above hours

beenworked to our satisfaction.