



TIMESHEET

Week Ending Sunday				
Staff First Name:	Staff Surname	Position	Client	Booking Reference

Day	Date	Start Time e.g. 08:00	Finish Time e.g. 20:00	Number of Hours	Break Time	Time Worked	Mileage/Trans	Authorised by
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
Total Hours								

Total Hours Worked in Words (Excluding Break)

Temporary Worker:

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand if I knowingly provide false information this may result in disciplinary action and that I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Client for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name: _____ **Signature:** _____ **Date:** _____

Approved Signatory:

I am an authorised signatory for this ward/department of this Client. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Client for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name: _____ **Signature:** _____ **Date:** _____

No correction fluid should be used on the timesheet. Use only BLACK INK and BLOCK CAPITALS. ANY incomplete or illegible timesheet will result in the form being returned and a delay in payment. Any alterations made on the timesheet by the staff member must be initialled by the approved signatory.



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