**TIMESHEET**

**PLEASE COMPLETE IN BLACK INK, BLOCK CAPITALS AND 24 HOUR CLOCK**

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| --- |
| NAME OF EMPLOYEE: |
| NAME AND ADRESS OF CLIENT: |

|  |
| --- |
| POSITION: |
| WARD: |
| TRUST: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DAY | Date | Start Time | Finish Time | Break  | Booking Ref | Total Hours | Print Name | Authorized Signature |
| Monday |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |  |

|  |
| --- |
| I confirm that the information I have written above is correct and complete. I understand that if I knowingly provide false information, may result in disciplinary action and may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from time to time and by the client for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud. |
| **EMPLOYEE SIGNATURE** | **DATE:** |

|  |
| --- |
| **CLIENT:** I confirm that I am authorized signatory and confirm that I have checked the timesheet and all the information is correct. I understand that if I knowingly provide false information may result into disciplinary action and may be liable to prosecution and civil recovery proceedings. |
| **CLIENT SIGNATURE:** | **DATE:** |