



# TIMESHEET

**PLEASE COMPLETE AND RETURN THIS TIMESHEET NO LATER THAN 10:00am THE FOLLOWING MONDAY, SIGNED BY THE CLIENTS REPRESENTATIVE.**

You can also email your timesheet to: payroll@askuscare.co.uk

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Ward/Unit: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Week commencing Monday Date: \_\_\_\_\_ Week Ending Date: \_\_\_\_\_

Day	Date	Hours Worked		Break	Sleep In	Total Hours Worked		Ward/Unit	Authorised By: Print Name/Position	AUTHORISED SIGNATURE
		Start	Finish			Hours	Minutes			
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

<b>TOTAL WEEK HOURS:</b>		<b>Client Signature:</b> _____ <b>Date:</b> _____	<b>Staff Signature:</b> _____ <b>Date:</b> _____
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**NOTICE TO CLIENTS**

We certify that the above mentioned temporary staff worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by The Terms and Conditions of the Company.

**NOTICE TO TEMPORARY WORKER**

Should the temp staff have any queries regarding pay or other issues, please contact your local Ask Us Care Branch.

*Ask Us Care Limited.*

8 Radcliffe Road, Southampton, Hampshire. SO14 0PG

Tel: 02381 224106; 07477 233583

Website: www.askuscare.co.uk Email: info@askuscare.co.uk