HEPZIBAR
CARE AGENCY LTD

THINK. FEEL. CARE

Please complete timesheet with a black ballpoint pen, and use the 24hour clock format. Timesheets must be signed and any alterations initialed by the client. Do not use the same timesheet for different units/clients All sections must be completed as applicable ensuring all copies show details clearly. Top white copy to be submitted to the Agency by 9:30am on the Monday following the week worked. Bottom white copy to be passed to the client for their records. To email a signed time sheet, always use: timesheet@hepzibar.co.uk

Client	**Booking Ref.**
Unit/Ward Name	**Name of Worker**
Address	**Qualification & Job Title** (e.g. NVQ3/ RN IN CHARGE)
	Week Ending (Sunday date)

Please insert date	**START TIME**	**UNPAID** BREAK	**FINISH TIME**	**RN IN CHARGE/ SLEEP- IN HOUR**	**TOTAL PAYABLE HOURS**	
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
TO THE CLIENT: PLEASE ENSURE THAT ANY UNPAID BREAKS HAVE BEEN DEDUCTED FROM THE TOTAL, AS AMENDMENTS CANNOT BE MADE ONCE AN INVOICE HAS BEEN ISSUED.			**WEEKLY TOTAL HOURS**			

I hereby certify that this is a true and accurate record of the hours I have worked for the client as stated above. **Worker Signature:**	I confirm that the above-named worker has completed the hours shown & I have read & agreed to the current terms & conditions of business. **Client Signature:**
Client Comments:	**Position in Company:**
	Date:

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