

Social Care Timesheet



Temporary Workers Name:	Surname:	Title:	Week Starting Date:
4 th floor Buckingham House, Glovers Court, Preston, PR1 3LS T: 01772 200 020 F: <u>01772 200 040</u> M: (24hrs) 07875 534 331 Email : socialcare@hi-fly.org PLEASE REMEMBER: If your <u>signed</u> timesheet is not received by 10AM Monday, your pay will be delayed.			

To be completed by Worker						To be completed by client	
Day	Company	Times (24 hr clock)		Unpaid Breaks	Sleeps/Waking Nights	Total Hours	Supervisor/Managers Signature & Date
		Start	Finish				
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
TOTAL							
Additional charges	Travel Expenses (Please provide receipts)			Other Expenses (please specify and provide receipts):			

CLIENT CONFIRMATION SECTION	WORKER CONFIRMATION SECTION
On signing this timesheet above I agree that: <ol style="list-style-type: none"> 1) The hours shown on this timesheet have been worked. 2) Any expenses indicated will be paid and billed I confirm that I have received and accept your Terms of Business. 3) I understand that this timesheet will form part of an invoice, which will be paid on receipt. 	On signing this timesheet I agree that: <ol style="list-style-type: none"> 1) I declare all hours stated on timesheet are accurate. 2) If I have indicated any expenses, receipts will be available if requested. 3) I confirm that I am aware that I am responsible for the return of my time sheet and that failure to do so by 10.00AM on Monday may result in delayed payment. Sign Date.....

- Please ensure that your time sheet is accurately signed and dated to avoid rejection
- Please do not post your time sheet unless you are 100% certain that it will get to payroll by 10AM on Monday!