

# Kare Plus Agencies Homecare Timesheet



**Name:**

**Payno:**

**Grade:**

Date	Day	Time - 24 Hours		Hours	Jobref	Service User	* Authorised Signature
		From	To				
		<b>Total Hours</b>					

**Service Provider:**

**Client ID:**

**Service User :**

**Service User ID:**

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 or shifts detailed on the time sheet.  
 I understand that if I knowingly provide false information that this might result in disciplinary action and that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosures of information from this form for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Employees signature ..... Print..... Position .....

Under article(4) of the European Working Time Directive; when the working day ends beyond 6 hours, I will take a break of 20 minutes or more as taken and be deducted from the hours worked.

Clients Signature ..... Print..... Position .....

\* I am the authorised signatory for the care delivered. I am signing to confirm that both the grade and the time is accurate and authorised for payment