

Kare Plus Agencies Timesheet



Name:

Payno:

Grade:

	Date	Time - 24 Hours		Worked Hours Minus Break Time	Booking Ref	Ward Dep.	* Authorised Signature
		From	To				
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
		Total Hours					

Client:

Department/Ward :

Total Hours Worked (in words)

Travel Expenses x miles

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