

Name and Short Address of Client				Comments or notes:			
Date	From	To	Break taken	Net Hours Worked	Authorised Signature	Name	
Mon	:	:	:	:			
Tue	:	:	:	:			
Wed	:	:	:	:			
Thu	:	:	:	:			
Fri	:	:	:	:			
Sat	:	:	:	:			
Sun	:	:	:	:			

**Timesheets must reach the office every Monday before 11am**

I declare that the information I have given on this form is correct and complete and that I have not previously claimed on the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. Under article (4) of the European Working Time Directory, when the working day extends beyond 6 hours I will take a break of 20 mins or more and be paid the net hours. IF BREAKS CANNOT BE TAKEN PLEASE NOTE THIS ON THE TIMESHEET AND GET IT COUNTERSIGNED WITH A BRIEF EXPLANATION.

Client Signature		Print Name		Position
Staff Signature		Print Staff Name		Staff Type Nurse/Carer

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