Nami	Name and Short Address of Client				ments or note	s:	
				_			
	Date	From	То	Break taken	Net Hours Worked	Authorised Signature	Name
Mon		:	:	•	:		
Tue		:	:	:	:	14.1	
Wed		:	:	:	:		
Thu		:	:	•	:		
Fri		:	:	:	:		
Sat		:	:	:	:		
Sun		:	:	:	:	1 (1)	- 1 of
I declare timeshe recovery detection break of	e that the informati et. I understand th y proceedings. I cor on, and prosecution	on I have given on th hat if I knowingly pro- nsent to the disclosu hof fraud. Under arti and be paid the net h	vide false information re of information fron de (4) of the Europea	complete and to this may result on this for the pure on Working Time	hat I have not prev in discipli nary action rpose of verification Directory, when the	on and I may be liable for n of this claim and the in ne working day extends I	ours/shifts detailed on this or prosecution and civil ovestigation, prevention, beyond 6 hours I will take a GET IT COUNTERSIGNED
Client	: Signature		Print Name			Pos	ition
C+off C	Signature		Print Staff N	ame		Staf	f Type Nurse/Carer

0	
(II)	People
1	Partners

Name and Short Address of Client

Tel: 02476 10 10 12

						1)	
	Date	From	То	Break taken	Net Hours Worked	Authorised Signature	Name
Mon		:	:	:	:		
Tue		:	:	:	:		
Wed		:	:	:	:		
Thu		:	:	:	:		
Fri		:	:	: _	:		
Sat		:	: *	:	:		
Sun		:	:	:	:		

Comments or notes:

Timesheets must reach the office every Monday before 11am

resign of the

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. Underarticle (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