



2 Cinderford Close
 Portsmouth, PO6 4BP
info@vkehealthcareservices.co.uk
 Tel: 07814790970

Completed timesheets should be submitted by Monday 10:00 am.

Week Ending Sunday: __/__/__

TIME SHEET

Week Ending Friday: __/__/__

Worker First Name:	Worker Last Name:	Worker Grade:	Client:
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	Date	Start Time	Finish Time	Break	Sleep-in	Total Hours worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOURS WORKED						

Authorised by (Member of Staff) - I certify that I have checked the times and agree that the hours shown above have been worked by the named employee and should be invoiced accordingly.

Name:

Signature:



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