

TIMESHEET

Tel: 01733 530 580 Fax: 01733 304 350
Email: timesheets@midco-care.co.uk
www.midco-care.co.uk
Laxton House, 191 Lincoln Road
Peterborough, Cambridgeshire, UK, PE1 2PN



Temp Name:
Job Title:
Week Ending Date:

Client Name:
Client Address:

HOURS WORKED						AUTHORISED SIGNATORY		
Week Day	Date	Start Time	Break	Finish Time	Hours Worked	Ward/Unit	Client Signature	Position
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
PLEASE MARK TIMES CLEARLY AS 24-HOUR CLOCK. BREAKS ARE UNPAID.					TOTAL HOURS			

I confirm I have worked the above hours.

Temp Signature
Print Name
Date

AUTHORISATION: We confirm that the hours and grade/band shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business.

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