

## **Timesheet**

Week Ending: Sunday ...../..../...../

**TEMPORARY WORKER DETAILS** 

Name	Job Title	
Signature	Date	

Day	Date	Time in		Time out		Break		Total	
		Hrs	Min	Hrs	Min	Hrs	Min	Hrs	Min
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
I				Tot	tal hou	irs wo	orked		

A completed timesheet must reach the Passionete Care Ltd. office signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.

Passionete Care Ltd. reserves the right to withhold payment until the hours can be verified by the client.

Your timesheet can be sent via email to: info@passionetecareco.uk

*Please ensure you have deducted breaks and totalled the hours to the nearest 15 mins correctly before signing. Final total should be entered in decimal e.g. 37.50 instead of 37 ½* 

## **CLIENT AUTHORISATION**

I hereby certify that the hours worked are correct and the work was completed to the client's specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client's invoice. I accept Passionete Care Ltd. terms of business. I confirm that I am authorised to sign on behalf of the client.

Name	Job Title	
Company	Unit/Ward	
Signature	Date	

Any questions? Please call Passionete Care Ltd. on 0333 090 3391

Email: info@passionetecare.co.uk Web: www.passionete.co.uk