



TIMESHEET

Oak tree lodge via Catherine House, Woodfield Park, Tickhill Road, Doncaster, DN4 8QN
Telephone: 01302579669

Email: wages@angycareuk.com Web: www.angycareuk.com

Please ensure you use BLOCK CAPITALS in black ink and write clearly or we may not be able to pay your timesheet									
Customer Name:									
Customer Address:									
Customer Telephone No:					Booked By/Reference				
Staff's Name:					Ward Name:				
Staff's surname:					Grade/Qualification:				
Employee No:					Week Commencing Monday:				
DAY	DATE	START TIME	FINISH TIME	NUMBER OF HOURS	BREAK TIME	SLEEP-IN	TIME WORKED	GRADE	AUTHORISED BY
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total Hours									

Please Mark **Times Clearly as 24-hours clock. Breaks are unpaid.**

AUTHORISED BY (senior member of staff): I am an authorised signatory of the above-named customer. I'm signing to confirm that the Job Profile, Title and Grade of Agency Worker and the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by any Angy Care authorised body for the purpose of verification of this claim and the investigation, preventing, detection and prosecution of fraud.

Authorised By:	Print Name:
Position Held:	Date:

AngycareLtd Nurse: I declare that the information I have given on this form is correct and that I have not claimed elsewhere the hours/shifts detailed n this timesheet. I understand that if I knowingly provide false information this may resulting disciplinary action and may be liable t persecution and civil recovery proceedings. I consent t the disclosure of information from this form t and by any Angy Care Ltd authorized body for the purpose f verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Staff's Name:	Signature:
Grade :	Date :