

**Time Sheet**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YOUR NAME:** |  |  |  | **WEEK ENDING DATE:** |  |  |
|  |  |  |  |  |  |  |  |
| **JOB TITLE:** |  |  |  | **EMPLOYEE NO.:** |  |  |
|  |  |  |  |  |  |  |  |
| **CLIENT NAME:** |  |  |  | **ADDRESS:** |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **DAY** | **DATE** | **START TIME** | **END TIME BREAK TIME OVERTIME** | **SLEEP IN** | **TOTAL HOURS** |
|  |  |  |  |  |  |  |  |

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

TOTAL

**Manager’s Comments Section (Performance Feedback)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poor** | **Average** | **Good** | **Very Good** | **Excellent** |

**Clinical Skills**

**Time Keeping**

**Reliability**

**Communication**

* By ticking this box I confirm that I have received an induction and orientation at the start of this placement.

“I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for 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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that I have been inducted in line with the company’s procedures and policies”

STAFF SIGNATURE: DATE:

TO BE COMPLETED BY THE TRUST:

I am an authorised signatory for my organisation. I am signing above to confirm that both the job title and the hours/shift that I am authorising are accurate. I understand that if I knowingly authorise 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 form to and by the for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AUTHORISED SIGNATURE: |  |  | PRINT NAME: |  |  |  |
| JOB TITLE: |  |  | DATE: |  |  |

PLEASE EMAIL TIMESHEETS TO timesheets@meddcareservices.co.uk

DEADLINE IS 10am TUESDAY