

Week Ending Sunday		TIME SHEET		
Temp's Name	HCA Dom	RGN RMN QSW A		
CLIENT'S NAME	la fo	Temporary workers must fill in and return this time sheet to the office no later than Monday of each week to ensure payment on Friday designated for that period.		
Comments		emporary workers are solely responsible for the processing of their mesheets each week.		
	1	WEEK ENDING		

				WEEK-ENDING:					
DAY	DATE	START TIME	FINISH TIME	BREAKS	HOURS WORKED	SLEEP INs	AUTHORISING NAME	AUTHORISING SIGNATURE	
MON									
TUES									
WED									
THUR									
FRI									
SAT									
SUN				·					
TOTAL HOURS WORKED (For week ending Sunday):									

The timesheets must be emailed (timesheets@yourcountyhealthcare.co.uk) posted or hand delivered by 12 noon Monday to facilitate.

Please keep one copy for your company and provide one copy to clients for records.

The signature on this timesheet establishes acceptance of terms and conditions of YourCounty Healthcare LTD and client's company.