Time Sheet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Staff) |  |  | Client Name |  |
| Address (Address Where Cheque/Pay Slip Should Be Sent) | Address |
|  |  |
|  |  |
| Postcode |  | Postcode |  |

|  |
| --- |
| Details Of Hours Worked |
| **Day** | **Date** | **Start time\*** | **Finish time\*** | **Length of****meal break** | **Hours****worked** |
| Monday |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Tuesday |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Wednesday |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Thursday |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Friday |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Saturday |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Sunday |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| \*Please use 24 hours clock | Total Hours Worked |  |
|  |
| Please note that with the exception of travel incurred within the course of your duties(which will be tax-free), all other travel is subject to PAYE, Tax and National Insurance in accordance with both Inland Revenue Regulations and FRES rules. |
| I declare that the above is correct, and I will reimburse Shared Care Services Ltd. if I am overpaid as a result of an error. | We confirm our agreement to the terms and conditions of business and that the hours claimed are correct |
| **Signature:****(Staff)** | **Signature:****(Service User or Authorised Representative)** |
| **Print Name:**  | **Print Name:** |
| **Date:** | **Date** |