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** | | | |