

Name of Client:

Day	Date	Start Time	Finish Time	Hours Worked	Client's Signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
			Total Hours		

Client's Confirmation:

I the client of Hallam24 Healthcare Ltd confirms that the hours indicated are a correct record of the time worked by the worker of Hallam24 Healthcare who also undertook his/her duties competently. I understand that my signature to these hours will constitute the raising of an irreversible invoice for payment on presentation in accordance with the terms and conditions of Hallam24 Healthcare.

Staff Member's Name:

I confirm that the hours stated above are correct and in the event of a dispute regarding the claimed hours, I will be liable to repay any overstated amount unless the time sheet has been duly authorized by the client or authorized agent. I also confirm am responsible for any unauthorized telephone calls where applicable

Staff Member's Signature:

- ☒ Please sign and return the white and blue copy to the office.
- ☒ The pink copy is to be kept by the client & Use a ball point pen
- ☒ Time Sheets should be completed weekly to reach office by mid day on Monday
- ☒ Failure may delay in the payment of wages

For Office Use

Checked by:.....

Processed by:.....