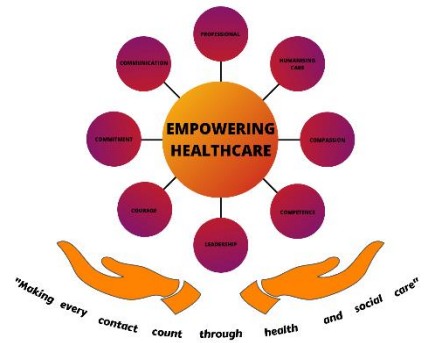


Timesheet



Week Ending: Sunday/...../.....

TEMPORARY WORKER DETAILS

Name	<input type="text"/>	Job Title	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

A completed timesheet must reach the Empowering Healthcare Ltd. office signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.

Empowering Healthcare Ltd reserves the right to withhold payment until the hours can be verified by the client.

Day	Date	Time in		Time out		Break		Total		Sign
		Hrs	Min	Hrs	Min	Hrs	Min	Hrs	Min	
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
						Total				

Your timesheet can be returned via Email: payroll@empoweringhealthcare.co.uk

Please ensure you have deducted breaks and totalled the hours to the nearest 15 mins correctly before signing. Final total should be entered in decimal e.g. 37.50 instead of 37 ½

CLIENT AUTHORISATION

I hereby certify that the hours worked are correct and the work was completed to the client's specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client's invoice. I accept Empowering Healthcare Ltd. terms of business. I confirm that I am authorised to sign on behalf of the client.

Name	<input type="text"/>	Job Title	<input type="text"/>
Company	<input type="text"/>	Unit/Ward	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Any questions? Please call Empowering Healthcare Ltd on 07849154140

Email: info@empoweringhealthcare.co.uk Web: www.empoweringhealthcare.co.uk

Address: 460 Oakwood Lane, Leeds, LS9 6QX