



FINE CARE 24/7 LTD

www.finecare247.com wages@finecare247.com

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TIME SHEET

Must be completed in black ink

Name _____ Week Ending _____

Job description _____ Order Number _____

Name of ward _____ Employee Number _____

Hospital/home _____ Branch Registered _____

Address _____

Tel _____

DETAILS OF ASSIGNMENT

DAY	DATE eg 1/7	START TIME eg 09:00	FINISH TIME eg 16:00	NUMBER OF HOURS	BREAK TIME	TIME WORKED	GRADE OR TYPE	AUTHORISED BY
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
TOTAL HRS								

TOTAL HOURS WORKED

DAY	NIGHT	SLEEP-INS	TOTAL

TOTAL PAY HOURS IN WORDS (EXCLUDING BREAKS): _____

The above named member of the fine care 24/7 Ltd worked the hours shown above and we agree to pay your account in accordance with your terms of business and understand that if we engage the applicant permanently during or after this agreements we shall further agree to pay your introduction fee for permanents staff.

Client Signature _____ Print name _____

Position held _____ Date _____

Manager _____ Signature _____

special note to Fc24/7 Ltd agency worker and Fc24/7 Ltd client. It is imperative for your own safeguard to please keep your own copy of this Individually numbered time sheet for your own records.

Agency member Signature _____

Please complete and return this time sheet by Monday before 12 noon.