Completely Care RECRUITMENT CONSULTANTS LIMITED

1st Floor, Enterprise House, 53a West Way, Botley, Oxford. OX2 0JE
TEL: 01865 727 751 (24 hours a day)
FAX: 01865 727 439
E-mail: timesheets@completelycare.co.uk

Please press firmly with a ball point pen

Client Details:

Client Number: 97999

Site Address:

Additional info:

Temp Name:

Week Ending:

Please ensure that the total weekly hours are rounded to the nearest 1/4 of an hour

INTERNAL USE ONLY

	Date e.g 01/01	Start time e.g. 08.00	Breaks e.g. 30 mins	Finish Time e.g. 16.00	Sleep in (tick box)	Hrs worked	Mileage Claimed	Day Hrs 6am-6pm	Night Hrs 6pm-6am
MON									
TUES									
WED									
THUR									
FRI									
SAT									
SUN									
					TOTAL				

IMPORTANT NOTE: Timesheets must be returned to the office by 6pm Monday for payment that Friday
Fax: 01865 727 439
Timesheets not authorised will not be processed

TO BE COMPLETED BY CLIENT:

By signing this timesheet, the client accepts the above hours worked and agrees to pay in accordance with our Terms of Business, at the agreed charge rate. If the worker is later engaged permanently or on a fixed term contract, within 6 months of this agreement ending, the client agrees to pay a permanent introduction fee, as per our term of business. A copy of our Terms of Business will be sent on request.

Authorised By:_____ Print Name: _____

Position Held :_____ Date: _____

Please sign and return top white copy to Completely Care. 2nd copy is to be kept by client and 3rd by Temp.

INTERNAL USE ONLY:

Wk Day	Wk Night	W/E Day	W/E Night	Sleep Ins	Mileage	Expenses	Special Rate