



CARE SERVICES

Staff Name:	Client Name:
Staff No:	Client Address:
WEEK-MONTH-	Staff Tel No :
Service Type Provided: <i>(Personal Care, Domestic Care, Shopping)</i>	

DAYS	DATE	START	FINISH	BREAK	TOTAL HOURS	ANNUAL LEAVE	SICK LEAVE	AUTHORISED BY
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTAL HOURS								
Client Signature								

As authorised signatory I confirm that the above are the total hours to be invoiced

Signed _____ Print Name _____ Date _____
 PLEASE SIGN & SUBMIT TIMESHEETS EVERY FOLLOWING MONDAY BY 12PM. FAILURE TO DO SO WILL RESULT IN DELAYS IN PAYMENTS. THE TIMESHEET MUST BE SIGNED AND AUTHORISED BY CLIENT. PLEASE RETAIN COPY FOR YOUR RECORDS.

PLEASE SEND TIMESHEETS TO THE OFFICE BY 12PM ON MONDAY.

Authorised by.....Office use only.