PG Inspiration
Healthcare Limited

YOUR HEALTH FIRST, WE CARE.

Staff Name: _____ **Client Name:** _____

Job Title / Post: _____ **Hospital / Home:** _____

Address: _____

TIME SHEET

DAYS	DATE (DD/MM/YYYY)	START TIME	BREAK TIME	FINISH TIME	DEPARTMENT	CLIENT NAME/ SIGNATURE
MON						
TUE						
WED						
THUR						
FRI						
SAT						
SUN						

Total pay hours in words (excluding breaks) .....

We certify the above mentioned temporary staff has attended for assignment with us at the stated times and to our satisfaction. We agree to be by the Terms and Conditions of the Company.

Authorised by ..... **Print Name .....** **Position Hold .....** **Date .....**

Special note to client. It is imperative for your own safeguard to please keep your copy of this individually numbered timesheet for your own records.

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