



JJ CONNECT CARE LTD

TIME SHEET NO.

Supplying temporary staff

83 Queen's Road, Watford, Hertfordshire WD17 2QN

Tel: 01923 233 277 Mob: 07896 895 535 Fax: 01923 205 328

Email: admin@jjconnectcare.com Website: www.jjconnectcare.com

PLEASE USE BLOCK CAPITAL LETTERS

First Name:	Middle Name:	Surname:
Job Title:	Client:	
Client's Address:		

- ALL TIME SHEETS MUST BE SUBMITTED TO THE OFFICE BY 6.00PM ON MONDAY TO BE PROCESSED FOR THE FOLLOWING FRIDAY PAYMENT.
- PLEASE ENSURE AN AUTHORISED SIGNATURE HAS BEEN OBTAINED.
- PLEASE FAX OR EMAIL THE TIMESHEET.
- IF YOU OPT TO RETURN YOUR TIME SHEET TO THE ABOVE ADDRESS, MAKE TWO COPIES AND RETAIN ONE FOR YOUR RECORDS.

DETAILS OF WORK DONE

DAY	DATE	START TIME (24hrs)	FINISH TIME (24hrs)	HOURS WORKED	BREAK TAKEN	TICK BOX IF SLEEP-IN	HOURS FOR PAYMENT	NOTES OR AUTHORISED SIGNATURE
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

TOTAL HOURS WORKED	
TOTAL HOURS FOR PAYMENT	

CONFIRMATION AND AUTHORISATION

I/We confirm that I/we have checked the times/grades and agree that these hours were worked by the above employee and I/we confirm that these will be used in the calculation of the invoice.

Number of hours for payment in words:	
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NAME OF AUTHORISED PERSON(FOR CLIENT):	
POSITION HELD:	
SIGNATURE:	SIGNATURE OF TEMPORARY STAFF:
DATE:	DATE: