

WEEKLY TEMPORARY STAFF TIME SHEET

Care Home Details

Agency Staff Details



Staff Name:

Name:

Position Title:

Address:

.....

.....

timesheet@rejoyscaresolutions.co.uk

www.rejoyscaresolutions.co.uk

+44 1603851350 / +44 7865336712

| Day | Date | Time Starts | Time finish | Break | Total Hours | Unit / ward | Name/Position of the person | Sign of person in charge |
|--|------|-------------|-------------|-------|-------------|-------------|-----------------------------------|-----------------------------|
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | | | |
| Thu | | | | | | | | |
| Fri | | | | | | | | |
| Sat | | | | | | | | |
| Sun | | | | | | | | |
| <p><i>I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action, and I may be liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any Rejoys Care Solutions authorized body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.</i></p> | | | | | | | Name / Signature Of Client | Temporary Staff Sign |

1. A separate time sheet must be completed each place of work.
2. Please send your time sheet to timesheet@rejoyscaresolutions.co.uk by 12pm Monday in order to facilitate payment on time.