



# GOLDEN HOPE CARE

The Shaftesbury Centre, Percy Street,  
Swindon, SN2 2AZ

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## TIME SHEET

*Timesheets must be in by Monday 12:00 p.m. latest*

Name				Client's Name			
Job Title				Week ending			
Day	Date	Start Time	End Time	Break	Hours worked	Sleep/in	Client's Signature
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							
Sun.							
TOTAL HOURS WORKED							

TOTAL HOURS IN WORDS.....

I declare that the information I have given on this is correct and complete and have not claimed elsewhere for the hours/shifts detailed on this time sheet.  
I understand that if I knowingly provide false information this may result in disciplinary action.

Staff Signature ..... Date .....

*Please make sure your time sheet has been signed by an Authorised signatory and yourself, or this will delay payment.*

Authorised Signatory

Position .....Name .....Signature .....

I am signing the above to confirm that both grade of agency worker and the hours/shift that I am authorising are accurate and I approve payment.

I understand that if I knowingly provide false information this may result in disciplinary action.

*White Copy: Office Blue Copy: Client*