



# GOLDEN HOPE CARE

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

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# TIME SHEET

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

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

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*