

# TIMESHEET

PLEASE NOTE TIMESHEETS MUST BE RECEIVED BY 10AM ON MONDAY TO ENSURE PAYMENTS. LATE TIMESHEETS WILL BE PROCESSED THE FOLLOWING WEEK

Week Ending Sunday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

|                        |                 |
|------------------------|-----------------|
| <b>EMPLOYEES NAME:</b> | <b>CLIENT:</b>  |
| <b>JOB TITLE:</b>      | <b>ADDRESS:</b> |

## SHIFT WORKED

| DAY       | DATE | START | FINISH | DAY | NIGHT | BANK HOLIDAY | REMARKS |
|-----------|------|-------|--------|-----|-------|--------------|---------|
| MONDAY    |      |       |        |     |       |              |         |
| TUESDAY   |      |       |        |     |       |              |         |
| WEDNESDAY |      |       |        |     |       |              |         |
| THURSDAY  |      |       |        |     |       |              |         |
| FRIDAY    |      |       |        |     |       |              |         |
| SATURDAY  |      |       |        |     |       |              |         |
| SUNDAY    |      |       |        |     |       |              |         |

Employees Signature: ..... Total Hours .....

### TO BE COMPLETED BY CLIENT

I certify that the above hours worked by the Agency worker are correct and accept the terms and condition of TEQ healthcare services limited.  
(a copy is available on request) and should be invoiced accordingly.

Authorised by: ..... Position: .....

Signature: ..... Date: .....

Hours worked and Authorised: ..... Minutes: .....

WHITE COPY: OFFICE

BLUE COPY: AGENCY

PINK COPY: WORKER