

For payroll enquiries  
 Email:Accounts@24hrhealthcare.com  
 Contact number: 07522779613  
 Fax: 01282560223



**Summary of Hours worked**

**To be completed by 24HR HEALTHCARE employee or person appointed by company**

Please ensure this time sheet is completed, signed by supervisor or client and forwarded to your local branch or the accounts department at 24HR HEALTHCARE no later than 10AM on Monday to enable wages to be processed and paid in the initial week. Please note that if time sheet reaches us later then stated above wages will not be processed until the following week.

Candidate Name		Location	
Client Name		Unit	
Type of work		Week ending (Sunday)	
Responsible to:		Handover given	Yes / No

DAY	TIME STARTED	BREAK	TIME FINISHED	TOTAL HOURS WORKED	SIGNED BY CLIENT REPRESENTATIVE
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

TOTAL HOURS WORKED

Client approved and signed below:

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Client Authorisation  
 Please check the time sheet is correctly filled out before signing.  
 I am authorized to sign this time sheet. I am signing below to confirm the above named agency workers hours filled above are accurate and I approve the payment. I understand that if knowingly authorize false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings.

Signed ..... Position .....

Print Name: ..... Date .....

Client feedback (comments on the candidate):

**Candidate declaration**

I declare that the information I have given on this form is correct and complete and I have not claimed additional hours elsewhere for the same shift. I understand that if i knowingly Provide false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings.

Signed ..... Position .....

Print Name: ..... Date .....

Any expenses or mileage claimed: .....