



ELITE CARE SERVICES (Southern Ltd)
(Registered with the Department for
business innovation and skills)

HAMPSHIRE: 0800 0843 604 EAST/WEST SUSSEX: 0800 5200 896
ACCOUNTS: 02392 985346 accounts@elitecare.co.uk RECRUITMENT: 02392 984699 admin1@elitecare.co.uk

MOBILE: 07752093682 timesheets - natasha@elitecare.co.uk WEB: www.elitecare.co.uk
SHIFT COORDINATOR: admin3@elitecare.co.uk GENERAL: info@elitecare.co.uk

TIME SHEET

Name..... Employee No.....

Status... Care Assistant/ Domestic/ Other

Name of Client.....

DAY	DATE	START TIME	FINISH TIME	BREAK	TOTAL HOURS	DAY/NIGHT	CLIENT SIGNATURE
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
TOTAL							

All time sheets MUST be in on Monday morning BY 10am of EACH week, for the previous weeks work, and MUST be signed by the Manager or Nurse in charge. I CONFIRM THAT THE INFORMATION OF HOURS AND GRADE ARE CORRECT AND AGREED FOR PAYMENT.

TOTAL HOURS (IN WORDS)
AUTHORISED SIGNATURE
Week

NAME (PRINT)
POSITION HELD
DATE SIGNED FOR OFFICE USE ONLY

Transport X	Initial