

 Timesheet

Week Ending: Sunday ......../......../........

TEMPORARY WORKER DETAILS REFERENCE

Name Job Title

Signature Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | Date | Time inHrs Min | Time outHrs Min | BreakHrs Min | TotalHrs Min | Client’sinitial |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
|  Total hours worked |  |  |

A completed timesheet must reach the Safe-Lynk Ltd. office signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.

*Safe-Lynk Nursing and Care Agency Ltd. reserves the right to withhold payment until the hours can be verified by the client.*

*Your timesheet can be sent via Email to: info@safelynk.co.uk*

*Please ensure you have deducted breaks and totalled the hours to the nearest 15 mins correctly before signing. Final total should be entered in decimal e.g. 37.50 instead of 37 ½*

CLIENT AUTHORISATION

*I hereby certify that the hours worked are correct and the work was completed to the client’s specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client’s invoice. I accept Safe-Lynk Ltd. terms of business. I confirm that I am authorised to sign on behalf of the client.*

Name Job Title

Company Unit/Ward

Signature Date

Any questions? Please call Safe-Lynk Ltd. on 020 8033 7507

Email: info@safelynk.co.uk Web: www.safelynk.co.uk

Address: Safe-Lynk Ltd, Office 173, 321 - 323 High Road, Chadwell Heath, Essex, RM6 6AX