



A. 8 Gilpin Road, London, E5 0HL

W. www.giftedcareservices.co.uk

E. timesheets@giftedcareservices.co.uk

T. 020 8533 3978 F. 020 8985 4781

Weekly Time Sheet

Client Name	<input type="text"/>	Staff Name	<input type="text"/>
Address	<input type="text"/>		
Total Sleep Ins:	<input type="text"/>	Total Hours	<input type="text"/>
Invoice Number	<input type="text"/>	Wk. End Sun.	<input type="text"/>

Day	Date	Shift	Time In	Time Out	Hours worked	Client Comment	Client Signature
MON		Morning					
		Lunch					
		Evening					
		Overnight					
TUE		Morning					
		Lunch					
		Evening					
		Overnight					
WED		Morning					
		Lunch					
		Evening					
		Overnight					
THU		Morning					
		Lunch					
		Evening					
		Overnight					
FRI		Morning					
		Lunch					
		Evening					
		Overnight					
SAT		Morning					
		Lunch					
		Evening					
		Overnight					
SUN		Morning					
		Lunch					
		Evening					
		Overnight					

The hour shown above are true declaration of the hours I worked **Sign:** _____

Client Notice: We certify that the above staff has attended his/her assignment with us at the stated times and to our satisfaction. We agree to be bound by the Terms and Condition of Gifted Care Services

**PLEASE SUBMIT (SIGNED/DATED TIMESHEET) AND RETURN TO THE OFFICE BY TUESDAY NOON OF EVERY WEEK
FALIURE TO DO SO WILL RESULT TO LATE PAYMENT**