

## Employee Timesheet

Karon Care Services  
Fairgate House, 205 Kings Road  
Tyseley, Birmingham, B11 2AA  
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Form must be fully completed and returned through post or email by 12pm on a Tuesday.

### Employee & Shift Details

<b>First Name</b>		<b>Employee No.</b>	
<b>Last Name</b>		<b>Employee Grade</b>	
<b>Hospital/Care Home</b>		<b>Ward Number</b>	

Day of Week	Date e.g 01/01/2020	Start Time e.g 07:00	Finish Time e.g 20:00	Break (Hours)	TOTAL hh:mm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

### Authorised Signatory

<b>First Name</b>		<b>Last Name</b>	
<b>Job Title</b>		<b>Grade</b>	

I am an authorised signatory for my employer. I hereby confirm that the job title and band of the agency worker and the hours declared on this form are accurate and I approve payment. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employee Signature

I declare that the information given on this form is correct and complete and that I have not claimed elsewhere for the hours/shift detailed on this timesheet. I understand that I knowingly provide false information, this might result in disciplinary action and I might be liable to prosecution and civil recovery proceedings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_