

WEEKLY TIME SHEET

TIME SHEETS MUST BE RETURNED BY 10 AM MONDAY
 (timesheets not received by 10am will not be processed until the following week)
 Email – timesheets@ktgsocialcare.co.uk
 WE DO NOT PAY ANY EXPENSES

Candidate Name:		Week ending: (Sunday)	
Client Name:			

(Separate timesheets must be completed for each Client or Home for the Week)

Day	Date of Shift	Start Time	Breaks (Mins)	Client to Initial if Break is NOT taken *	Finish Time	Total	Client/Manager Signed
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							

PLEASE ENSURE ALL BREAKS TAKEN ARE RECORDED ACCURATELY

(*Lancashire County Council SHIFTS ½ HOUR WILL AUTOMATICALLY BE DEDUCTED FOR SHIFTS OVER 6 HOURS UNLESS INITIALLED ABOVE)

Candidate Declaration

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

Signature:

Printed Name:

Date:

Client Declaration

"I/We confirm that hours given are correct. The standard of work was satisfactory and we accept a charge for these hours. I/We agree to pay Ultimate Finance in respect of the hours given within the payment terms agreed by both parties. I/We confirm that KTG Recruitment Ltd terms and conditions are the sole terms of this contract. "

Signature:

Printed Name:

Date:

Office Use Only: Matrix Ref: (If applicable)