

Timesheet



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

TEMPORARY WORKER DETAILS

Name Job Title
 Signature Date

Day	Date	Time in		Timeout		Break		Sleep in	Total		
		Hrs	Min	Hrs	Min	Hrs	Min		Hrs	Min	
Monday								Yes/No			
Tuesday								Yes/No			
Wednesday								Yes/No			
Thursday								Yes/No			
Friday								Yes/No			
Saturday								Yes/No			
Sunday								Yes/No			
Total hours worked											

A completed timesheet must reach the Spotlight Care Recruitment office or email signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.

Spotlight Care Recruitment reserves the right to withhold payment until the hours can be verified by the client. Your timesheet can be sent via Email to: pay@spotlightcarerecruitment.com

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 Spotlight Care Recruitment. 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 Spotlight Care Recruitment on 0330 133 0142 OR 07387504356

Email: pay@spotlightcarerecruitment.com Web: www.spotlightcarerecruitment.com

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