



THORIZON CARE
Together We Care

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128 City Road
 London
 England
 EC1V 2NX

TIMESHEET

NO.

Candidate Name:

Hospital/Nursing Home/House Name and Address:

Week commencing:

| | DATE | START | FINISH | BREAK | HOURS WORKED | JOB TITTLE | UNIT/ HOUSE | BANK HOLIDAY | OVERTIME & REASON | AUTHORITY SIGNATURE |
|-----------|------|-------|--------|-------|--------------|------------|-------------|--------------|-------------------|---------------------|
| Monday | | | | | | | | | | |
| Tuesday | | | | | | | | | | |
| Wednesday | | | | | | | | | | |
| Thursday | | | | | | | | | | |
| Friday | | | | | | | | | | |
| Saturday | | | | | | | | | | |
| Sunday | | | | | | | | | | |

TOTAL HRS WORKED: In Figures

In Words

CANDIDATE

I declare that the information on this timesheet is correct and complete.

I accept that if I knowingly provide false information, this may result in disciplinary action and liable for prosecution

CLIENT/AUTHORISED REPRESENTATIVE

I am an authorised signatory for my Unit & certify that the named candidate has attended work with us as per time stated

I am signing to confirm that the hours I am authorising are accurate and I approve payment.

| | |
|-----------|----------------------|
| Name | <input type="text"/> |
| Signature | <input type="text"/> |
| Date | <input type="text"/> |

| | |
|-------------|----------------------|
| Name | <input type="text"/> |
| Signature | <input type="text"/> |
| Designation | <input type="text"/> |
| Date | <input type="text"/> |

All timesheets must be scanned and emailed to timesheets@thorizoncare.co.uk not later than 10:00 am the following Monday. Posting timesheets will delay your payments. Timesheets are not valid unless signed by a Client or Authorised representative.

