

WECARE24 MEDICAL SERVICES LTD

Unit 1, Rosehill Business Centre
Derby, DE23 6RH
Phone (01332) 295147 Fax: (01332) 346556
Email: wecare24timesheets@gmail.com

TIME SHEET

Timesheets may be posted, emailed or hand delivered to our office by **12 noon Monday to ensure on-time payment for Friday**. We recommend having two additional copies one being left with the client and the other for personal records.

Worker's Name: _____ Position: _____
Worker's Number: _____ Signature: _____
Client: _____ Location: _____

Date	Start Time	End Time	Break	Number of Hrs.	Sleep In.	Signature.
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Sun						
		Weekly Totals				

ATUTHORISED BY (Client/Client's Representative)

Name: _____
Position: _____ Date: _____
Signature: _____

This signed timesheet is acknowledgment that the above named agency worker has satisfactorily completed the shown hours. We agree to payments to your account in accordance with the terms of business. We further agree to an introduction fee if we choose to engage the agency worker permanently during and after this agreement.