TIME SHEET

Kindfort Resource Ltd

Telephone: 01902495664

Send timesheet to business WhatsApp 01902495664/07534185198

info@kindfortresource.co.uk

Please use CAPITAL Letters

First Name	
Surname	
Unit/Ward/Home Address	

REFERENCE NUMBER (optional)

COPIES:
Top Copy – your copy
(send PDF or photo to us)

DAYS / DATE (DD/MM/YY)	SHIFT START	SHIFT FINISH	BREAK	TOTAL HOURS (Excl. Breaks)	BOOkING REF.	CLIENT SIGNATURE
MONDAY: DD MM YY						
TUESDAY: DD MM YY						
WEDNESDAY: DD MM YY						
THURSDAY: DD MM YY						
FRIDAY: DD MM YY						
SATURDAY: DD MM YY						
SUNDAY: DD MM YY						
		TOTAL WEEKLY HOURS:				

YOUR SIGNATURE:

I can confirm that the above hours are correct and that I performed my duties to the best of my ability.

Date: DD MM YY

Signature:

CLIENT SIGNATURE:

I can confirm that the (above) has completed the above hours. I am authorised within my position to sign this time sheet.

Full Name: _____ Date: DD MM YY

Signature:

Position:

A copy of this timesheet needs to be with us by 10 am Monday, so that we can pay you on time. - - To send your timesheet, email a scan or photo to timesheets@kindforthealthcare.co.uk. We recommend that you CC yourself on the email. If you see your email in your inbox, it means we also should have received it.