

Please use CAPITAL Letters

## TIME SHEET

## ANS Care Solutions Limited

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| First Name     |                              | REFERENCE NUMBER (optional)                     |  |
|----------------|------------------------------|---|--|
| Surname        |                              |   |  |
| Julianie       |                              | COPIES:   |  |
|                | Where have you been working? | Top Copy – your copy (send PdF or photo to us)  |  |
| Unit/Ward/Home |                              | Bottom Copy – Unit or Ward/<br>Home (placement) |  |

| MONDAY      | START | FINISH    | BREAK      | TOTAL HOURS | BOOKING REF. | CLIENT SIGNATURE |
|-------------|-------|-----------|------------|-------------|--------------|------------------|
| D D M M Y Y |       |           |            |             |              |                  |
| TUESDAY     | START | FINISH    | BREAK      | TOTAL HOURS |              |                  |
| D D M M Y Y |       |           |            |             |              |                  |
| WEDNESDAY   | START | FINISH    | BREAK      | TOTAL HOURS |              |                  |
| D D M M Y Y |       |           |            |             |              |                  |
| THURSDAY    | START | FINISH    | BREAK      | TOTAL HOURS |              |                  |
| D D M M Y Y |       |           |            |             |              |                  |
| FRIDAY      | START | FINISH    | BREAK      | TOTAL HOURS |              |                  |
| D D M M Y Y |       |           |            |             |              |                  |
| SATURDAY    | START | FINISH    | BREAK      | TOTAL HOURS |              |                  |
| D D M M Y Y |       |           |            |             |              |                  |
| SUNDAY      | START | FINISH    | BREAK      | TOTAL HOURS |              |                  |
| D D M M Y Y |       |           |            |             |              |                  |
|             |       | TOTAL WEE | KLY HOURS: |             |              |                  |

| YOUR SIGNATURE:  | CLIENT SIGNATURE:   | CLIENT SIGNATURE: |  |  |  |
|--|---|-------------------|--|--|--|
| I can confirm that the above hours are correct and that I performed my duties to the best of my ability. | I can confirm that the (above) has completed the above hours. I am authorised within my position to sign this time sheet. |                   |  |  |  |
| Date: D D M M Y Y  | Full Name:  | Date: D D M M Y Y |  |  |  |
| Signature:   | Position:   | Signature:        |  |  |  |
|  |   |                   |  |  |  |

A copy of this time sheet needs to be with us by 10am Monday, so that we can pay you on time. To send your time sheet, email a scan or photo to <a href="mailto:timesheets@anscare.co.uk">timesheets@anscare.co.uk</a> or pop into the office and say hello. If you are going to email a scan or photo across, 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.