



**Time Sheet For Care Home
TRINITY INDEPENDENT CARE LTD**

81-83 Humberston House
Fourth Floor Office 6
Leicester
LE1 1WB
Tel:- 01163 673523
Mob: - 07544 736279

Promoting independence in your own home

To be completed by the staff member in full only using 24-hour clock

Candidate Name: _____ Client Name: _____
 Candidate Position: _____ Client Address: _____
 Candidate Signature: _____ Client Contact Name: _____

Please return your completed Timesheet to our dedicated payroll team by text message by 12:00 on Monday morning

Date	Start Time	Finish Time	Total Hours	Total Breaks Taken	Mileage/Expenses	* Client Signature	Name	Date
Mon _/_/___								
Tue _/_/___								
Wed _/_/___								
Thu _/_/___								
Fri _/_/___								
Sat _/_/___								
Sun ---_/_/___								
Total Hours Worked								

***Declaration of authorised signatory:**

BY signing this timesheet, I hereby certify that the details given above are a correct record of the hours, mileage, and expenses of this staff member. I understand that an invoice will be raised from this timesheet. I also accept that the Terms of Business of Trinity Independence Care. I also confirm I am authorised by the client, or where applicable, the local authority, to sign and authorise this timesheet.