

For the attention of



Elms Court, Botley, Oxford. OX2 9LP
 TEL: 01865 727 751 (24 hours a day)
 FAX: 01865 727 439
 E-mail: oxford@completelycare.co.uk

Please press firmly with a ball point pen

Client Details: _____ Client Number: _____

Site Address: _____ Additional info: _____

Temp Name: _____ Week Ending: _____

Please ensure that the total weekly hours are rounded to the nearest 1/4 of an hour INTERNAL USE ONLY

	Date e.g. 01/01	Start time e.g. 08.00	Breaks e.g. 30 mins	Finish Time e.g. 16.00	Sleep in (tick box)	Hrs worked	Mileage Claimed	Day Hrs 6am-6pm	Night Hrs 6pm-6am
MON									
TUES									
WED									
THUR									
FRI									
SAT									
SUN									
<i>IMPORTANT NOTE: Timesheets must be returned to the office by 6pm Monday for payment that Friday Fax: 01865 727 439 Timesheets not authorised will not be processed</i>					TOTAL				

TO BE COMPLETED BY CLIENT:

By signing this timesheet, the client accepts the above hours worked and agrees to pay in accordance with our Terms of Business, at the agreed charge rate. If the worker is later engaged permanently or on a fixed term contract, within 6 months of this agreement ending, the client agrees to pay a permanent introduction fee, as per our term of business. A copy of our Terms of Business will be sent on request.

Authorised By: _____ Print Name: _____

Position Held : _____ Date: _____

Please sign and return top white copy to Completely Care. 2nd copy is to be kept by client and 3rd by Temp.

INTERNAL USE ONLY:

Wk Day	Wk Night	W/E Day	W/E Night	Sleep Ins	Mileage	Expenses	Special Rate

Please ensure the timesheet has a client authorisation signature and fax completed copy back to 01865 727 439