

Please use CAPITAL Letters

TIAAE CHEET

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

	TIME SHEET	First Name		(optional)
	Procare 7 Limited			
,	St. James House , 6th Floor, Suite 12, Pendleton Way, Salford, M6 5FW 0161 843 0070 www.procare7.co.uk	Surname		COPIES:
			Where have you been working?	Top Copy – your copy (send PdF or photo to us)
admin@procare7.co.uk	Unit/Ward/Home		Bottom Copy – Unit or Ward/ 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		
DDMMYY						
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		
DDMMYY						
SUNDAY	START	FINISH	BREAK	TOTAL HOURS		
D D M M Y Y						
		TOTAL WEE	KLY HOURS:			

	TOTAL TYPERET TIOONO.		
YOUR SIGNATURE:	CLIENT SIGNATURE:		
I can confirm that the above hours are correct and that I perf my duties to the best of my ability.	formed I can confirm that the (above time sheet.	ve) has completed the above hours. I am authorised within my position to sigr	n this
Date:	Full Name:	Date: DDMMYY	
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 admin@procare7.co.uk 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.