ELITE CARE PROFESSIONALS

TIME SHEET

Elite Care Professionals Limited
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timesheets@eliteprofessionals.co.uk

First Name	
Surname	
Home/Location	
REFERENCE NUMBER (optional)	

COPIES: Top Copy – return to the company (send PDF or photo if you can't visit the office). Bottom Copy – your copy (save for your record.

Week Days	Care Visit Time	Arrival	Departure	Total Hours	Service User Signature
MONDAY D D M M Y Y	Morning				
	Lunch				
	Afternoon				
	Evening				
TUESDAY D D M M Y Y	Morning				
	Lunch				
	Afternoon				
	Evening				
WEDNESDAY D D M M Y Y	Morning				
	Lunch				
	Afternoon				
	Evening				
THURSDAY D D M M Y Y	Morning				
	Lunch				
	Afternoon				
	Evening				
FRIDAY D D M M Y Y	Morning				
	Lunch				
	Afternoon				
	Evening				
SATURDAY D D M M Y Y	Morning				
	Lunch				
	Afternoon				
	Evening				
SUNDAY D D M M Y Y	Morning				
	Lunch				
	Afternoon				
	Evening				

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

Date: D D M M Y Y

Signature: _____

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

Signature _____ Date: D D M M Y Y

Name(s) _____ Surname: _____

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 timesheets@eliteprofessionals.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 have received it.