

Hands of Hope Healthcare Limited Challenge House, 616 Mitcham Rd, Thornton Heath, Croydon CR0 3AA

induction completed

Tel: 07837969001

## **TIMESHEET**

Please fill in the below in **BLOCK CAPITALS** and use black ink. WE CANNOT ACCEPT PHOTOS.

Candi	date Full Na	ame:								
Job Title:					Band:	Band:				
Hospit	tal Name:	Department:								
				LENGTHO	TIOUP.	2				
	DATE	START TIME	FINISH TIME	LENGTH OF BREAK	F HOUR WORKI		ERTIME	REF.No./P.O	).No.	
MON	: :									
TUE	: :									
WED	: :									
THU	: :									
FRI	: :									
SAT	: :									
SUN	: :									
To ensure including		esheet must be receive	DCK be received no later than 12pm every Monday commend that you keep a copy of all completed		TOTALH	IRS TO	TAL O/T GRAND TOTAL HR		L HRS	
I declare they have they have information	been duly authorised mation this may resul	n this timesheet is accurate by the client. I declare that t in disciplinary action an	at I have not claimed els	ewhere for the hours	shifts detailed on th				3	
	Worker:	4								
Agency Worker Signature:		ature:			Date:					
To be co	ompleted by	client:								
			worker performed this week: P		or Av	erage	Good	Excel	lent	
Skills de	emonstrated in	line with the posi	tion							
		nagement of work	load							
Reliabil	ity mication Skills									
Punctua										
	ation Skills									
				I						
	norised signatory for	my department/organisa nowingly provide false in							r	
Client Name:		g., provide iuise ii	in may 103	and disciplinary de	Position:	and to prosect		ory proceedings.		
Client	Signature:		1		Date:					
	All time	esheets must l	be emailed to	Info@han	dsofhopeh	ealthca	relimited	l.co.uk		

Submission deadline is Monday 12pm including bank holiday

Note: Uncleared and blur timesheets will be rejected