

HOME CARE WEEKLY TIMESHEET



Client Name: _____ Please note a separate timesheet should be used for each client.

Staff Name: _____ Payroll Number: _____ Weekending: _____

Day	Date	Start	Finish	Total hours worked	Client signature and notes
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

The hours shown above are a true declaration of the hours I have worked

Signed By _____ Checked By _____

Signing this document confirms a true declaration of hours worked and forms the legal basis upon which payment will request and made

PLEASE SIGN SUBMIT TIMESHEETS BY THE TUESDAY FOLLOWING THE WEEKEND WORKED. FAILURE TO DO SO WILL RESULT IN LATE PAYMENT. THE TIMESHEET MUST BE SIGNED AND AUTHORISED BY THE CLIENT. PLEASE RETAIN A COPY FOR YOUR OWN RECORDS.