



# TIME SHEET

Glow Healthcare - Tel: 0115 849 2915 - Mobile: 07718282298 Email: Info@glowhealthcare.net

**107 Lindfield Road, Nottingham, NG8 6HL**

Timesheets may be posted, emailed or hand delivered to our office by 12 noon Monday to ensure on time payment for Friday. We recommend having two additional copies one being left with the client and the other for Personal records.

Worker's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Worker's Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Client: \_\_\_\_\_ Location: \_\_\_\_\_

Date	Start time	End time	Break	Regular Hrs	Overtime / Bank Holidays	Signature
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
<b>Weekly Total</b>						

**AUTHORISED BY (Client/Client's Representative)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This signed timesheet is acknowledgment that the above named agency worker has satisfactorily completed the shown hours. We agree to payments to your account in accordance with the terms of business. We further agree to an introduction fee if we choose to engage the agency worker permanently during and after this agreement.