



TIME SHEET

Glow Healthcare – T: 0115 849 2915 M: 07718282298 E: timesheets@glowhealthcare.net
 Address: Castle Cavendish Enterprise Centre, 63-67 St Peter's St, Nottingham, NG7 3EN.

Timesheets may be posted, emailed or hand delivered to our office by **10am Monday** to ensure on time payment for **Friday**. We recommend having two copies; one being left at the Care Home and the other for Personal records.

Worker's Name: _____ Position: NURSE / HCA / SCA

Worker's Signature: _____

Care Home Name: _____ Location: _____

Day	Date	Start Time	End Time	Break	Regular Hours	Overtime/ Bank Holidays	Authorised By (Name)	Signature
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
Sun								

AUTHORISED BY (Client / Client's Representative)

Name: _____ Position: _____

Signature: _____ Date: ____/____/____

This signed time sheet is acknowledgement 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.