

# TIMESHEET

We must receive all completed timesheets signed by an authorised member of staff and the working candidate by 10am every Monday morning. Late timesheets may result in a delay in payment. Please ensure all sections are completed in full.

Week Ending: \_\_\_\_\_ Candidate Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Address: \_\_\_\_\_

	Date	Start Time	Finish Time	Total Breaks Deducted	house number	Over time Hrs	Total Hours Worked	Authorised Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

TOTAL HOURS FOR INVOICING: \_\_\_\_\_

TOTAL HOURS PAID: \_\_\_\_\_ (Office Use Only)

Signed (Candidate).....Name.....Date..... By signing this timesheet you are stating that the hours entered above are a true and accurate record of the hours you have worked this week.

Signed (Client).....Name.....Date..... By signing this timesheet you are authorising MedCare HQ LTD to pay the candidate based on the hours entered above. An invoice will be created from this information, and once the candidate has been paid mistakes cannot be rectified.

Contact Us: 0113 2942397 or 07961079592 or 07401261170

Email: [timesheets@medcarehq.com](mailto:timesheets@medcarehq.com) Website: [www.medcarehq.com](http://www.medcarehq.com)

All timesheets must be sent to the email address above in PDF format. Please download CAMSCANNER from the App Store on your smartphone for scanning your timesheet.