TIMESHEET

Convert Health Care Ltd
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Convert Health Care

Your details
Please use **CAPITALS** to make it easier for us to read, so we don't make any mistakes.

First Name

Surname

Where have you been working?

Unit/Ward/Home

	SHIFT START	SHIFT FINISH	TOTAL HOURS (Excl. Breaks)	SLEEP IN?		Booking Ref.	CLIENT SIGNATURE
MONDAY D D M M Y Y				Y	N		
TUESDAY D D M M Y Y				Y	N		
WEDNESDAY D D M M Y Y				Y	N		
THURSDAY D D M M Y Y				Y	N		
FRIDAY D D M M Y Y				Y	N		
SATURDAY D D M M Y Y				Y	N		
SUNDAY D D M M Y Y				Y	N		
		TOTAL WEEKLY HOURS:					

SIGNED BY YOU: The above hours are correct & I performed my duties to the best of my ability

DATE & SIGNATURE

D D M M Y Y

SIGNED BY END CLIENT: I can confirm that the (above) has completed the above hours. I am authorised within my position to sign this timesheet.

Full Name:_____

Position: _____

DATE & SIGNATURE

D D M M Y Y

A Copy of this TIMESHEET needs to be with PAYROLL by 10am MONDAY (we only want it by then, so that we can pay you on time.)

(1) You can submit through the website (3) Or pop into the office & say Hello

(2) You can Email this over to the OFFICE – **info@converthealthcare.com**

If you are going to email this across, we recommend you use your smart phone (download the app TINY SCANNER) we recommend that you CC yourself on the email. only when you see the email sent to yourself, will you guarantee that you have done everything to ensure it's been received.