



CAREESSENCE
Caring for you holistically

CAREESSENCE LIMITED STAFF TIMESHEET

First Name..... Surname.....

DAY	DATE	CLIENT NAME AND ADDRESS	REFERENCE	START	BREAK	FINISH	HOURS
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
HRS (MINUS BREAKS)							TOTAL

Worker

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings I consent to this disclosure of information from this form to and by any Careessence Limited authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that I have received and induction for the above placement.

Name..... Signature..... Date..... Designation.....

Authorising person

I am an authorised signatory of the above named client, I am signing to confirm that the Job Profile title and band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings I consent to this disclosure of information from this form to and by any Careessence Limited authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Careessence Limited's Terms of Business. A standard introductory fee will be charged if the worker is taken on full time or allowed to change agencies.

Name..... Signature..... Date..... Designation.....

EMAIL OR POST YOUR TIMESHEET TO THE OFFICE BY MONDAY BEFORE 12 NOON. FAILURE TO SUBMIT TIMESHEETS ON TIME WILL RESULT IN DELAYS IN YOUR PAY.

timesheets@careessenceltd.co.uk

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