



Week Ending: Sunday ...../...../.....

TEMPORARY WORKER DETAILS

REFERENCE

Name

Job Title

Signature

Date

Day	Date	Time in		Time out		Break		Sleep in	Total	
		Hrs	Min	Hrs	Min	Hrs	Min		Hrs	Min
<b>Monday</b>								Yes/No		
<b>Tuesday</b>								Yes/No		
<b>Wednesday</b>								Yes/No		
<b>Thursday</b>								Yes/No		
<b>Friday</b>								Yes/No		
<b>Saturday</b>								Yes/No		
<b>Sunday</b>								Yes/No		
<b>Total hours worked</b>										

**A completed timesheet must reach the Lovage Homecare Ltd. office signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.**

*Lovage Homecare Ltd. reserves the right to withhold payment until the hours can be verified by the client.*

*Your timesheet can be sent via Email to: payroll@lovagehomecare.co.uk*

*Please ensure you have deducted breaks and totalled the hours to the nearest 15 mins correctly before signing. Final total should be entered in decimal e.g. 37.50 instead of 37 ½*

**CLIENT AUTHORISATION**

*I hereby certify that the hours worked are correct and the work was completed to the client's specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client's invoice. I accept Lovage Homecare Ltd. terms of business. I confirm that I am authorised to sign on behalf of the client.*

Name

Job Title

Company

Unit/Ward

Signature

Date

**Any questions? Please call Lovage Homecare Ltd. on 07411757500**

**Email: info@lovagehomecare.co.uk    Web: www.lovagehomecare.co.uk**

**Address: Lovage Homecare Ltd., Office 424, 3rd & 4th Floor, 84 Salop Street, WV3 0SR, Wolverhampton**