

Social Care & Education
 P.O Box 8849
 Leicester LE21 4BF
 F: 0116 271 0369
 E: info@scsocialcare.co.uk
 W: www.scsocialcare.co.uk



Booking Code:

S	C	E																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee Code:

--	--	--	--	--	--

Staff Name:

Job Title:

Client Name:

Address:

Week No:

Reporting to: Hours:

Working at: Week Commencing:

Day	Date	Start	Finish	Night (A/S)	Total	Client Sign & Date
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						

CLIENT: We certify that the total hours worked are correct and we will accept your accounts for the chargeable hours at the agreed rate. We agree to accept your terms and conditions of business previously advised.	Total Hours Worked	
	Hours	Overtime Hours

Staff Signature: _____	Print Name: _____	Date: _____
------------------------	-------------------	-------------

Timesheets must be faxed or emailed by 9am on Monday.
All shifts must be signed and dated by a senior member of staff.
Please ensure that hours are recorded accurately and are totalled to the nearest 15 minutes.
Final total should be entered in decimal e.g. 25.75 instead of 25¾. Any queries call 0116 271 5452