

Astoria Care Ltd

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office@astoriacare.co.uk
 Company number: 13612239



WEEKLY TIME SHEET

Client Name:	
Candidate name:	
Role:	

(Separate timesheets must be completed for each Client / Home for the Week)

Day	Date	Arrival Time	Departure Time	Break	Hours Worked	Customer Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total hours worked:						

TO BE COMPLETED BY CANDIDATE	TO BE COMPLETED BY CLIENT
<p>I declare that the information I have given on this form is correct and accurate 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 may be liable for prosecution and civil recovery proceedings.</p> <p>Signature:</p> <p>Printed Name:</p> <p>Date:</p>	<p>I certify that, having received the terms and conditions of Astoria Care Ltd, which have been sent via e-mail, the hours shown above have been worked by the candidate, standard of work was satisfactory and should be invoiced accordingly.</p> <p>Signature:</p> <p>Printed Name:</p> <p>Date:</p>

TIME SHEETS MUST BE RETURNED BY 11 AM ON MONDAY. Timesheets not received by 11 AM will not be processed until the following week