



Rely Care Nursing and Care Agency

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TIME SHEET

PLEASE COMPLETE TIME SHEET AND RETURN TO THE OFFICE BY MONDAY12PM.	
STAFF NAME:	
QUALIFICATION:	PAYROLL NO:
JOB TITLE:	STAFF TEL:
CLIENTS COMPANY NAME:	
CLIENTS ADDRESS:	

DAY	DATE	START	FINISH	BREAK HOURS		TOTAL	MILEAGE	AUTHORISED BY
				Hrs	Min			
MON								
TUES								
WED								
THU								
FRI								
SAT								
SUN								
TOTAL HOURS CLAIMED:				TOTAL MILEAGE CLAIMED:				

CLINT AUTHORISATION (Must be completed and signed by client representative only)

<u>NAME:</u>	I CONFIRM THAT THE ABOVE HOURS HAS BEEN SUCCESSFULLY WORKED BY THE STAFF NAMED ABOVE. I AM THE AUTHOURISED MEMBER OF THE ORGANISATION FOR WHICH I AM CONFIRMING THE ABOVE HOURS. THE HOURS WORKED AND EXPENSES WILL BE PAID IN ACCORDANCE WITH OUR TERMS OF BUSINESS.
<u>POSITION:</u>	
<u>SIGNATURE:</u>	
<u>DATE:</u>	