

WEEKLY TEMPORARY STAFF TIME SHEET



Staff Name:

Position Title:

Care Home Details

Name and Address:

Day	Date	Time Start	Time Finish	Break	Total Hours	Unit Name/ Ward	Sign of Person Incharge
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

<p><i>I Declare that the above information is correct and complete and that I have not made any other claim for the hours/ shifts detailed on the timesheet. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings</i></p>	<p>Temporary Staff Sign</p>
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1. A separate time sheet must be completed each place of work
2. Please send your time sheet to payroll@rostercare.co.uk by 12pm Monday in order to facilitate payment on time.