



WEEKLY TIME SHEET

Shift: **DAY.....** **NIGHT.....** **WEEKEND.....**

Name	
Address	

Supervisor:.....

Employee:.....

Days	Date	Start	Break	Finish	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL WEEKLY HOURS					

Signed _____ Print Name _____ Date _____

PLEASE SIGN & SUBMIT TIMESHEETS EVERY FOLLOWING MONDAY WORKED BY 12PM. FAILURE TO DO SO WILL RESULT IN DELAYS IN PAYMENTS. THE TIMESHEET MUST BE SIGNED AND AUTHORISED BY CLIENT. PLEASE RETAIN COPY FOR YOUR RECORDS.



WEEKLY TIME SHEET

Shift: **DAY.....** **NIGHT.....** **WEEKEND.....**

Name	
Address	

Supervisor:.....

Employee:.....

PLEASE SEND / FAX TIMESHEETS TO THE OFFICE BY 12PM ON MONDAY.

Authorised by.....Office use only.

For Further Information and Return your timesheet to: **info@goldenstarcare.uk**