|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of assignments** | | | **Candidate Name :** | | | **Location:** | | **Role :** | |
| **Day** | **Date** | **Start Time** | | **End Time** | **Break Time(minutes)** | | **Total hours Worked** | | **Sign of person in charge** |
| **Monday** |  |  | |  |  | |  | |  |
| **Tuesday** |  |  | |  |  | |  | |  |
| **Wednesday** |  |  | |  |  | |  | |  |
| **Thursday** |  |  | |  |  | |  | |  |
| **Friday** |  |  | |  |  | |  | |  |
| **Saturday** |  |  | |  |  | |  | |  |
| **Sunday** |  |  | |  |  | |  | |  |

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of this information from this form to fraud and Security Management Service for purpose of verification of this claim and the investigation, prevention and prosecution of fraud Authorisation

Temporary staff signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Declaration**

The above named member of JJ Care Services Ltd worked the hours shown above and we agree to pay your account in accordance with JJ Care services Terms of Business for Temporary Workers. I am signing to confirm that both the grade of Agency worker and the hours/shift that I am authorising are accurate.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

A separate time sheet must be completed each place of work

Time must be received to JJ Care Service LTD by 12 noon Monday in order to facilitate payment on time