



Registered in England and Wales  
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Tavistock Place | 8 Leigh Court | Bedford | MK40 2XU | United Kingdom

# WEEKLY TIME SHEET

WTS19a

WEEK ENDING

KH No.

LAST NAME

FIRST NAME

CARE HOME/HOSPITAL

BRANCH/ADDRESS

OFFICE USE ONLY

WEEK No.

CLIENT CODE

CLIENT RATE

PAY RATE

PLEASE NOTE: Timesheets received after Sunday may not be included in the payroll that week. Time sheets to be completed and authorised IN FULL. ALL ALTERATIONS MUST BE COUNTERSIGNED. Write clearly in BLOCK LETTERS. Scan and send as a .PDF document to: [admin@khulehealthcare.co.uk](mailto:admin@khulehealthcare.co.uk) or post to:- Tavistock Place, 8 Leigh Court, Bedford, MK40 2XU. Bedfordshire, England.

DATE	DAY	TIME IN	TIME OUT	LUNCH BREAK		HOURS CLAIMED	MILEAGE CLAIMED	HOURS APPROVED	PERSON-IN-CHARGE (NAME & SIGNATURE)		SHIFT RATING (PLEASE TICK ONE)					OFFICE USE	
				START	FINISH				P.I.C NAME	SIGN	★	★	★	★	★	ADMIN APPROVAL	KERS ENTRY
	SUN								P.I.C NAME	SIGN	★	★	★	★	★		
	MON								P.I.C NAME	SIGN	★	★	★	★	★		
	TUE								P.I.C NAME	SIGN	★	★	★	★	★		
	WED								P.I.C NAME	SIGN	★	★	★	★	★		
	THUR								P.I.C NAME	SIGN	★	★	★	★	★		
	FRI								P.I.C NAME	SIGN	★	★	★	★	★		
	SAT								P.I.C NAME	SIGN	★	★	★	★	★		

TOTAL HOURS | MILEAGE:

I confirm and agree that the information submitted herein is true and correct and that payment in respect of these will be made accordingly as per contract.

I confirm and agree that the information given by myself in this timesheet is true and correct. Payment in respect of these will be made accordingly as per contract.

PERSON IN CHARGE'S NAME: \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PERSON IN CHARGE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_