



Please use CAPITAL Letters

# TIME SHEET

## Love Care Service Limited

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First Name

Surname

Where have you been working?

Unit/Ward/Home

REFERENCE NUMBER  
(optional)

COPIES:

Top Copy – your copy

(send Pdf or photo to us)

Bottom Copy – Unit or Ward/  
Home (placement)

| MONDAY              | START | FINISH | BREAK | TOTAL HOURS | BOOKING REF. | CLIENT SIGNATURE |
|---------------------|-------|--------|-------|-------------|--------------|------------------|
| D D M M Y Y         |       |        |       |             |              |                  |
| TUESDAY             | START | FINISH | BREAK | TOTAL HOURS |              |                  |
| D D M M Y Y         |       |        |       |             |              |                  |
| WEDNESDAY           | START | FINISH | BREAK | TOTAL HOURS |              |                  |
| D D M M Y Y         |       |        |       |             |              |                  |
| THURSDAY            | START | FINISH | BREAK | TOTAL HOURS |              |                  |
| D D M M Y Y         |       |        |       |             |              |                  |
| FRIDAY              | START | FINISH | BREAK | TOTAL HOURS |              |                  |
| D D M M Y Y         |       |        |       |             |              |                  |
| SATURDAY            | START | FINISH | BREAK | TOTAL HOURS |              |                  |
| D D M M Y Y         |       |        |       |             |              |                  |
| SUNDAY              | START | FINISH | BREAK | TOTAL HOURS |              |                  |
| D D M M Y Y         |       |        |       |             |              |                  |
| TOTAL WEEKLY HOURS: |       |        |       |             |              |                  |

### YOUR SIGNATURE:

I can confirm that the above hours are correct and that I performed my duties to the best of my ability.

Date: D D M M Y Y

Signature: \_\_\_\_\_

### CLIENT SIGNATURE:

I can confirm that the (above) has completed the above hours. I am authorised within my position to sign this time sheet.

Full Name: \_\_\_\_\_ Date: D D M M Y Y

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

A copy of this time sheet needs to be with us by 10am Monday, so that we can pay you on time. To send your time sheet, email a scan or photo to [timesheets@lovecareservice.co.uk](mailto:timesheets@lovecareservice.co.uk) or pop into the office and say hello. If you are going to email a scan or photo across, we recommend that you CC yourself on the email. If you see your email in your inbox, it means we also should have received it.