



BRIGHT DAYS CARE LIMITED STAFF TIME SHEET

Name of Customer:
Address

Name of Worker:
Grade /Qualification/Role:

Any Incomplete or illegible timesheets will result in the form being returned to the worker and delay in payment.
No correction fluid should be used on this time sheet.

	Date	Start	Finish	Total Hrs worked	Night	Sleep In	Customer's Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours:							

Signed by Client as an accurate account of work completed _____ Date _____

Signed by worker as an accurate account of work completed _____ Date _____

Customer please read before signing this timesheet: By signing this declaration you are confirming that you accept BDC Ltd terms of business. You are also confirming that the number of hours worked are correct and the work carried out was satisfactory. As a duly authorised person, you are agreeing to payment of the candidate and payment of invoice. Hours charged to the nearest quarter of an hour, unless otherwise agreed in writing.