

Time Sheet

Please send timesheets to: timesheets@lucaslovehealthcare.com



COMPLETED TIME SHEETS MUST BE RETURNED NO LATER THAN THE FOLLOWING MONDAY 10:00AM. LATE TIMESHEET SUBMISSION WILL RESULT IN LATE PAYMENT.

Staff Name: _____

Company Name: _____

Company Address: _____

_____ Postcode: _____

Department: _____

Week Beginning: _____ Shift Qualification: _____

Date of Assignment	Duty Time		Breaks (if applicable) COMMENTS	Hours Claimed	Clients Initials
	Start (AM/PM)	End (AM/PM)			
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTALS					

I CERTIFY THAT I HAVE CARRIED OUT THE ABOVE DETAILED WORK

THIS CONFIRMS THAT YOU HAVE RECEIVED THE SERVICES SUBJECT TO OUR TERMS & CONDITIONS AS DISPLAYED ON LUCASLOVEHEALTHCARE.COM

_____ (Staff Signature) _____ (Client Signature)