



Wellness Care Group.,20-22 Wenlock Road, London, England, N1 7GU Tel : +44 7901145012 | info@wellnesscare.group Website : www.wellnesscare.group

## TIMESHEET

Please send the scanned copy to **timesheet@wellnesscare.group** Give the carbon copy to the client. Do not hand over the original timesheets to anyone. We accept timesheets in person in the office/ through email / by post only.

Nursing	Home	& add	dress
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Sun     Image: Sun and Sun a	Fri											
Staff ID	Sat									Signature Name		
Position	Sun									Staff ID		
Total Hours Worked     in Words     Date	Total Hours Worked						in Words			Position Date		
To be completed by client								Name				
						L Signature	1	Date				





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Nursing Home & address\_

Postcode					Mileages (if own transport)		Home Postcode		
	Date	Start Time	End Time	Break Time	Hours Total	Signature of Client	Name of Signatory	Position of Signatory	For the Staff To Fill & sign I declare that the information given on this form is correct and complete that I
Mon									have not claimed elsewhere for the hours/shifts details on this timesheet. I understand that if I knowingly provide
Tue									false information this may result in disciplinary action and I may be liable for prosecution and civil recovery
Wed									proceedings. I consent to the disclosure of information from this form to avoid to and by the Client for the purpose of verification of this claim and the
Thu									investigation, prevention, detection and prosecution of fraud.
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