



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

**TIMESHEET**

SL NO :

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 & 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	<b>For the Staff To Fill &amp; sign</b>
Mon								<p>I declare that the information given on this form is correct and complete that I have not claimed elsewhere for the hours/shifts details on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery 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 investigation, prevention, detection and prosecution of fraud.</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <p><i>Signature</i> Name _____</p> <p>Staff ID _____</p> <p>Position _____</p> <p>Date _____</p>
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
<b>Total Hours Worked</b>						<b>in Words</b>		

**To be completed by client**  
I attest that the hours listed above were worked by the named operative and should be invoiced accordingly, having received the Wellness Care Group terms and conditions, which can be found on the Wellness Care Group website (wellnesscare.group).

*Signature*

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Date \_\_\_\_\_



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