

Timesheet

Name Week Ending

Time to be recorded in hours - quarter hour minimum. Mileage to be recorded to the nearest full mile (to and from work only).

	Arrival	Departure	Less Breaks	TOTAL HOURS	MILEAGE
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

TEMPORARY CARE WORKERS SIGNATURE In accordance with Section 198, ICTA 1988 and the 24-month rule, I confirm that I am site-based and claim a lunch allowance for each day worked during the above week and an allowance for the use of my home as an office.	TOTAL HOURS WORKED	TOTAL MILEAGE (Non chargeable to clients)

Client Declaration

The above items stated are an accurate record of hours worked by the Temporary Care Worker whose performance over these hours has been satisfactory and you are hereby authorised to invoice our Organisation at the agreed rate, to receive payment in line with all clauses and parts of the prevailing agency terms and conditions of business. I understand that any mileage recorded on this form will NOT be charged on to our Organisation.

Signature Company

Position Date

Telephone Extension

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Liverpool L1 3DZ**

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