

# Timesheet

## Realcare Health Services

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Name of Temporary Worker:

Name of Client:

Week Beginning:

Client Address:

Timesheet Number:

Day	Date	Start	Finish	Break	Total Hrs	Grade	Ref:	Authorised By:
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
<b>Totals</b>								

**Total hours This week**

I confirm that the total hours worked are correct and agree to pay your account in accordance with Realcare Health Services Staff Agency temporary and permanent staff terms which I have agreed with and also understand are available to me anytime at [www.relcarehealthservices.co.uk](http://www.relcarehealthservices.co.uk). As the information on this timesheet is the sole basis for calculating your charge to me, I have initialled any alterations. I have deducted any breaks. In the event of making an offer of permanent employment to one of Realcare Staff Agency's temporary staff during the relevant period a permanent fee will be applicable in accordance with our terms of business.

**Employer's signature**  
**Position in company**

Date

I confirm that I have worked for the above client on the stated date/s at the hrs and grade indicated & the total hours worked are correct, I also confirm that this is the only timesheet to be submitted for the shifts,

**Temporary worker's signature**

Date

For prompt payment this has to be submitted within 2 weeks of completing your shift. Please Email your timesheet back in the office by midday on a Monday. [wages@rhs.com](mailto:wages@rhs.com).  
 Thank you