



# Evergreen Healthcare Services Limited

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## TIME SHEET

3207

Name				Client's Name		
Job Title				Week ending		
Day	Date	Start Time	End Time	Break	Hours Worked	Client's Signature
Mon.						
Tues.						
Wed.						
Thur.						
Fri.						
Sat.						
Sun.						
Total Hours						

TOTAL HOURS IN WORDS .....

I confirm that the detail of the hour/shift provided above are correct.

Signature ..... Date .....

*Time Sheet to be signed by you and an Authorised Person, to avoid delay in payment.*

Authorised person position ..... Name ..... Signature .....

I am signing above to confirm that the hours/ shift worked by the agency worker are accurate and I am authorising that payment be made.  
 I understand that false information may result in disciplinary action.

White Copy: Office    Green Copy: Employee    Blue Copy: Client