EVARA HEALTHCARE

Please use CAPITAL Letters

TIME SHEET

Evara Healthcare Ltd

9 Little Park Street,
Coventry, CV1 2UR

024 7522 3450

www.evarahealthcare.co.uk

timesheets@evarahealthcare.co.uk

First Name	
Surname	

Where have you been working?

Unit/Ward/Home	

REFERENCE NUMBER (optional)

COPIES:
Top Copy – your copy (send PdF or photo to us)
Bottom Copy – Unit or Ward/ Home (placement)

MONDAY (D D M M Y Y)	START	FINISH	BREAK	TOTAL HOURS	BOOKING REF.	CLIENT SIGNATURE
TUESDAY (D D M M Y Y)	START	FINISH	BREAK	TOTAL HOURS		
WEDNESDAY (D D M M Y Y)	START	FINISH	BREAK	TOTAL HOURS		
THURSDAY (D D M M Y Y)	START	FINISH	BREAK	TOTAL HOURS		
FRIDAY (D D M M Y Y)	START	FINISH	BREAK	TOTAL HOURS		
SATURDAY (D D M M Y Y)	START	FINISH	BREAK	TOTAL HOURS		
SUNDAY (D D M M Y Y)	START	FINISH	BREAK	TOTAL HOURS		
		TOTAL WEEKLY HOURS:				

YOUR SIGNATURE:

I can confirm that the above hours are correct and that I performed my duties to the best of my ability.

Date: D D M M Y Y

Signature: _____

CLIENT SIGNATURE:

I can confirm that the (above) has completed the above hours. I am authorised within my position to sign this time sheet.

Full Name: _____ Date: D D M M Y Y

Position: _____ Signature: _____

A copy of this time sheet needs to be with us by 10am Monday, so that we can pay you on time. To send your time sheet, email a scan or photo to timesheets@evarahealthcare.co.uk or pop into the office and say hello. If you are going to email a scan or photo across, we recommend that you CC yourself on the email. If you see your email in your inbox, it means we also should have received it.