

Timesheets must be returned by 09:00hrs on Monday each week.

Tel: +447587068695 Email: hello@acceleratedcare.co.uk beatriceadedeji@acceleratedcare.co.uk

Client Name

Staff Name:

Staff Signature:

Week ending (Sunday)

Day	Date	Start	Break	Finish	Total Hrs Day	Total Hrs Night	Sleep-In	Authorised Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Client Declaration

I certify that the above total hours are correct record of hours worked by the above temporary worker.

I agree to an invoice being raised in accordance with the Terms of Business of Accelerated Care Services Limited (Which I am in receipt of) and based on the number of hours contained on this timesheet. No adjustments to hour can be made after receipt of this timesheet.

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