



Tel: 02477924134

Email: info@krystalscare.com

TIMESHEET

Client

Member

Name: _____

Name: _____

Address: _____

Qualification: _____

Postcode: _____

Day	Date	Start Time	Finish Time	Breaks Deducted	Total Hours	Shift Type (Please circle per shift)			
Mon						HCA	SENIOR HCA	NURSE	SLEEP IN
Tue						HCA	SENIOR HCA	NURSE	SLEEP IN
Wed						HCA	SENIOR HCA	NURSE	SLEEP IN
Thu						HCA	SENIOR HCA	NURSE	SLEEP IN
Fri						HCA	SENIOR HCA	NURSE	SLEEP IN
Sat						HCA	SENIOR HCA	NURSE	SLEEP IN
Sun						HCA	SENIOR HCA	NURSE	SLEEP IN
					Total Hours				

Day Rate: 08.00 - 20.00
Night Rate: 20.00 - 08.00
Saturday Rate: 08.00 Saturday - 08.00 Sunday
Sunday Rate: 08.00 Sunday - 08.00 Monday

By signing this timesheet i certify that the hours shown have been worked by the above named Member of Krystals Care, deductions have been made for breaks where applicable and i have the authority to authorise the appropriate charges.

PLEASE NOTE

Timesheets must be completed in a 24HR format and will only be accepted if they are completed in full and sent to us no later than 11am each Monday. We do not accept photos of timesheets, only Faxes or emails in a PDF format.

Signed: _____

Name: _____

Position: _____

Date: _____