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 Grays RM17 5AT
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 Website: www.kgeehcs.co.uk

CLIENT PLEASE NOTE:

By signing this declaration, you are confirming that the total number of hours entered in the normal total and overtime total boxes are correct and that work was carried out satisfactorily. On behalf of your company, you are authorizing payment to the Temporary Worker and payment of our invoice. Therefore, please ensure that the totals are correct, as it may not be possible to rectify errors at a later date. Please also countersign any alteration.

IMPORTANT: Please submit before 5 pm every Monday

STAFF MEMBER'S NAME:
CLIENT'S LOCATION OR SERVICE USER'S NAME:
FUNDER NAME:

DAYS	DATE	START TIME	END TIME	BREAK	ACTUAL HOUR WORKED	AUTHORIZED NAME	AUTHORIZED SIGNATURE
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Total hours							

Confirmation:

I confirm that the information on this timesheet is correct. If it is later found to be incorrect, I acknowledge and accept that all necessary steps will be taken by Kgee Health Care Services Ltd to retrieve any monies I owe.

PLEASE SEND ALL TIMESHEETS TO timesheets@kgeehcs.co.uk