

Please complete all relevant sections, including your name, week ending date and client name in black ballpoint pen

Name <i>(please print)</i>							
W/E Date	Sunday	D	D	M	M	Y	Y
Client Name							

The Lilies Ltd

Block A, Liverpool Business Centre, 25 Goodlass Road, Speke, Liverpool, Merseyside, L24 9HJ
 Phone: 0151 203 6518, Fax: 0161 870 6308, Mobile: 0747 960 8654
 Email: admin@lilieshealthcare.co.uk

TIMESHEET - HOURS WORKED

Return to The Lilies Ltd office by 10:00am Monday to ensure payment this week. Please exclude any break times when calculating your Total Hours worked. You must complete separate timesheets for each Client.

DAY	DATE	Time In	Breaks	Time Out	Total Hours worked	Authorised on behalf of the client	
Monday						Signature:	Print name:
Tuesday						Signature:	Print name:
Wednesday						Signature:	Print name:
Thursday						Signature:	Print name:
Friday						Signature:	Print name:
Saturday						Signature:	Print name:
Sunday						Signature:	Print name:
Total hours excluding break times							

I confirm that I have worked the hours as stated above

Employee signature:

Date: