



CROWN MEDICAL SERVICES LTD

CLEANING TIME SHEET:

PAY PERIOD ENDING SUNDAY _____

PLEASE NOTE EACH TIME SHEET COVERS ONE WEEK ONLY

WHEN SHIFTS FALL INTO MORE THAN ONE WEEK, PLEASE USE A SEPARATE TIME SHEET FOR EACH WEEK

Name of Agency Staff

 Pay No.....
 Signature.....
 Qualification.....
 Contact No.....

Name of Client

 Address.....
 Location.....
 Specification (please indicate by corresponding code as below).....

Speciality: (1) General, (2) Other

DAY	DATE	FROM	TO	HOURS	MINS	OFFICIAL BREAKS	DAY (7am-7pm)	NIGHT (7pm - 7am)	GRADE	AUTHORISING SIGNATURE
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
BANK HOLIDAY										
		TOTAL HOURS								

To avoid delays in payment, **ORIGINAL** authorised timesheet(s) must be submitted before **09:00AM on Monday**. Return the original timesheet in the post: non –receipt of timesheet(s) will result in delay or no payment.

AUTHORISING SIGNATURE FOR AND BEHALF OF CLIENT

I understand that my signature confirms the agency staff whose details appear on this form has worked the hours stated above.
 I also understand that these details will be used in the calculation of their wages and the invoice.

TOTAL HOURS WORKED.....

DATE CLIENT TITLE.....

PRINT NAME SIGNATURE

STAFF BOOKED FOR NEXT WEEK: YES NO

Top Copy Crown Admin, 2nd Copy Client, 3rd Copy Cleaner Record

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www.crownmedicalservices.co.uk

Registered with the care quality commission