



# JBK HEALTHCARE SERVICES LTD.

YOUR HEALTHCARE IS OUR PRIORITY

<b>Worker Name</b>	
<b>Customer Name</b>	
<b>Week beginning</b>	
<b>Job Role</b> (HCA / RGN / SHCA / RMN / 1x1)	

All timesheets to be received in the office by 14:00 each Monday. To be completed in Block capitals using 24 hours clock. All timesheets to be signed by the "Worker and Customer".

DAY	DATE	START TIME	BREAK	FINISH TIME	TOTAL HOURS WORKED	Customer Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

**Total hours worked minus breaks**

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Important customer information: please ensure the timesheet is checked and signed by your authorised member of staff. If there are any issues with timesheet, please report immediately to **our** Professionals.

**AUTHORISED BY:**

**POSITION:**

**CUSTOMER SIGN:**

**DATE**

Important information for workers: Please ensure that the correct number of hours are documented and signed for. Any hours claimed and not worked will treated as fraud

I declare that the information given on this form is correct.

**WORKER SIGN**

**DATE**