



# WEEKLY TIMESHEET

<b>Name</b>	<b>Post/Band</b>	<b>Booking Reference Number</b>	<b>Payroll Number</b>
<b>Name of Client</b>			
<b>Department</b>			
<b>Address</b>			

	<b>Date</b>	<b>Start Time</b>	<b>Finish Time</b>	<b>Break</b>	<b>Normal Hours Worked</b>	<b>Bank Hol. Hours</b>	<b>Authorised By</b>
<b>Monday</b>							
<b>Tuesday</b>							
<b>Wednesday</b>							
<b>Thursday</b>							
<b>Friday</b>							
<b>Saturday</b>							
<b>Sunday</b>							
<b>Total Hours</b>							

**Approved Signatory:**

I am the authorised signatory for my department. I am signing below to confirm that the job profile title and hours worked are accurate and I approve of the payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

Print Name: ..... Signature: ..... Date: .....

**Temporary Worker:**

I declare that the information I have given on this form is correct and complete. By signing below i am agreeing to continue to be bound by the Terms of Engagement by SQ Carers.

Print Name: ..... Signature: ..... Date: .....