



Courtfield Healthcare Ltd.

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White: Agency Office - Yellow: Client - Pink: Staff

# TIME SHEET

Grade: (Please Tick)

Qualified Nurse

Care Assistant

Support Worker

Domestic Staff

Employee Name:

Employee No:

Unit / Ward Name:

Location:

Day	Date	Start Time	End Time	Break	Total Hours	Mileage	Authorised Staff Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Agency Employee Signature:

Date:

Quality Assurance; Please rate our staff in all categories below 1 - 4, (1) = Poor, (2) = Average (3) = Good (4) = Excellent

Punctuality

Appearance

Hygiene

Attitude

Performance

I confirm that the hours listed above are correct and I am authorised to sign.

Print Name:

Signature:

Date: