

Timesheet

Ambar Care Ltd, Accounts Department, 799 London Road, West Thurrock, Grays, Essex RM20 3LH

First Name:

Name (Client):

01708608586

Surname:

Department:

payroll@ambarcare.co.uk

Job Title:

Address (Client/Dept):

Job Grade:

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Signature on this timesheet by the client confirms the number of hours worked by the temporary worker and the client received and agreed to the terms and conditions of Ambar Care Ltd prior to the commencement of this assignment. Failure to sign the timesheet does not absolve of the obligation to pay in respect of the hours worked.

Date	Shift	Start Time	End Time	Breaks	Total Paid Hours (In figures)	Total Paid Hours (In words)	Client's Name & Position	Signature
Monday	Morning							
	Afternoon							
	Tea Time							
	Evening							
Tuesday	Morning							
	Afternoon							
	Tea Time							
	Evening							
Wednesday	Morning							
	Afternoon							
	Tea Time							
	Evening							
Thursday	Morning							
	Afternoon							
	Tea Time							
	Evening							
Friday	Morning							
	Afternoon							
	Tea Time							
	Evening							
Saturday	Morning							
	Afternoon							
	Tea Time							
	Evening							
Sunday	Morning							
	Afternoon							
	Tea Time							
	Evening							