



Absolute Health and Care Ltd
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 Macon Way
 Crewe, Cheshire
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 f: 01270 586 753
 e: info@absolutehealthandcare.co.uk
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Please complete and return to Absolute Recruitment UK Ltd either by fax to 01270 586 753 or by email to payroll@absolutehealthandcare.co.uk NO LATER THAN 12 MIDDAY MONDAY

Worker Name	
Payroll Number	
Job Title	
Client Name	
Client Address	
Report To	
Order No.	

Timesheet Week Commencing	
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Day	Date	Start Time	Break	Finish Time	Basic Hours	Sleep-In? (please tick)
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Total Hours (minus breaks)

WORKER DECLARATION:

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours / shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by any Absolute authorised body for the purpose of verification of this claim and the investigation, prevention detection and prosecution of fraud.

Temporary Worker Signature	
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CLIENT AUTHORISATION

I certify that the TOTAL hours have been satisfactorily worked. I acknowledge receipt and acceptance of Absolute Health and Care Ltd's Terms of Business for the supply of this Temporary Worker. I authorise Absolute Recruitment UK Ltd to use this Timesheet as the basis of an Invoice which will be paid in accordance with agreed charge rates and Absolute Health and Care Ltd's Terms of Business as stated.

Authorised Client Signature	
Print Name	