|  |  |
| --- | --- |
| **Worker’s Name:** | **Week Ending:** |
| **Client’s Name:** | **Client’s Address:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Start time** | **Finish time** | **Less breaks** | **Total hours** | **Comments** |  |
| **Monday** |  |  |  |  |  |  | **Client signature** |
| **Tuesday** |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  | **Please print name** |
| **Thursday** |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  | **Position** |
| **Saturday** |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  | **Date** |
| **Total hours** | | | | |  |  |  |

**Note to temporary worker**: *please complete this timesheet, deducting time not worked for all breaks. The client company representative should sign the timesheet at the end of each week. The timesheet should be delivered to Maneliza Care by* ***9am*** *on* ***Monday****. The timesheet should be delivered by email through* [*manelizacare@maneliza.com*](mailto:manelizacare@maneliza.com) *,* [*info@manelizacare.co.uk*](mailto:info@manelizacare.co.uk) *or whatsapp to +44 7572 718445*

***Note to client****: please check and confirm the hours worked. By signing this document, you are confirming that you are authorised to sign and confirm the hours on this timesheet and that you acknowledge and agree to Maneliza Care.’s terms of business*.