



WEMA HEALTHCARE SERVICES

Please use CAPITAL Letters

TIME SHEET

Wema Healthcare Services

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Guildford Road, Fetcham, Leatherhead,
KT22 9AD

0137 236 5757

www.wemahealthcareservices.co.uk

timesheets@wemahealthcareservices.co.uk

First Name

Surname

Job Title

Unit/Ward/Home

Where have you been working?

Week Ending:

Sunday / /

REFERENCE NUMBER
(optional)

COPIES:
Top Copy – your copy (send Pdf or photo to us)
Bottom Copy – Unit or Ward/ Home (placement)

MONDAY	START	FINISH	BREAK	TOTAL HOURS	BOOKING REF.	CLIENT SIGNATURE
D D M M Y Y						
TUESDAY	START	FINISH	BREAK	TOTAL HOURS		
D D M M Y Y						
WEDNESDAY	START	FINISH	BREAK	TOTAL HOURS		
D D M M Y Y						
THURSDAY	START	FINISH	BREAK	TOTAL HOURS		
D D M M Y Y						
FRIDAY	START	FINISH	BREAK	TOTAL HOURS		
D D M M Y Y						
SATURDAY	START	FINISH	BREAK	TOTAL HOURS		
D D M M Y Y						
SUNDAY	START	FINISH	BREAK	TOTAL HOURS		
D D M M Y Y						
TOTAL WEEKLY HOURS:						

YOUR SIGNATURE:

I can confirm that the above hours are correct and that I performed my duties to the best of my ability.

Date: D D M M Y Y

Signature: _____

CLIENT AUTHORISATION:

I hereby certify that the hours worked are correct and the work was completed to the client's specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client's invoice. I accept WEMA HEALTH CARE SERVICES Ltd. terms of business. I confirm that I am authorised to sign on behalf of the client.

Full Name: _____

Position: _____

Date: D D M M Y Y

Signature: _____

A copy of this time sheet needs to be with us by 10am Monday, so that we can pay you on time otherwise payment will be delayed until the following week. To send your time sheet, email a scan or photo to timesheets@wemahealthcareservices.co.uk or pop into the office and say hello. If you are going to email a scan or photo across, we recommend that you CC yourself on the email. If you see your email in your inbox, it means we also should have received it.