

Timesheets can be emailed to [payroll@kayhealthcare.co.uk](mailto:payroll@kayhealthcare.co.uk)  
 They must reach us by 12 noon on Monday

Kay Healthcare Ltd, Centurion House, London Road, Staines Upon Thames, TW18 4AX

Tel:07477920225

STAFF NAME						
JOB ROLE					T	WEEK ENDING
CLIENT NAME						
CLIENT ADDRESS						
DAY	DATE	START TIME	FINISH TIME	BREAK	TIME WORKED	WARD/UNIT (If applicable)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>Total Hours</b>						

I declare that the hours reported on this timesheet are correct, have been worked and have not been claimed elsewhere. I understand that if I knowingly provide false information this may result in disciplinary action and may be liable to prosecution and civil recovery proceedings. I can confirm that induction, orientation training and fire safety has been provided by the client.

<b>Total time worked</b>	<b>Staff Signature</b>
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The above member of Kay Healthcare Ltd worked the hours shown above and by signing this timesheet, we agree to pay you in accordance with Kay Terms of Business. We understand and agree that if we engage this applicant for a Bank or Permanent role within six calendar months of their last assignment with us, an introduction fee is payable in accordance with Kay Terms of Business.

Authorised By

Print Name	Position
Signature	