

Please Complete and Return this Timesheet  
no later than 12 PM on Tuesday.

You can email your timesheet to:  
**info@lurhealthcare.co.uk**



# TIMESHEET

## Domiciliary Care

Client Name: \_\_\_\_\_ Client Address: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Week commencing Monday Date: \_\_\_\_\_ Week Ending Date: \_\_\_\_\_

DAYS	DATE	MORNING/ LONG DAY		LUNCH		TEA		BED/NIGHT		Staff Break <small>Please record</small>	TOTAL HOURS PER DAY
		Start	Finish	Start	Finish	Start	Finish	Start	Finish		
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

Client Signature: _____	Staff Signature: _____	Date: _____	Total hours worked: _____
-------------------------	------------------------	-------------	---------------------------

### NOTICE TO CLIENTS

We certify that the above-mentioned staff member has attended for assignment with us at the stated times and to our satisfaction.

**Any questions? Please call** LUR Healthcare Ltd **on** 01795 608236

**Email:** info@lurhealthcare.co.uk **Web:** www.lurhealthcare.co.uk

**Address:** 15 Redgrove Avenue, Sittingbourne, ME10 2FQ