KIND SOLUTIONS

Home Care Timesheet

Please send your timesheets to us by 12pm on Mondays

Email: homecaretimesheets@kindsolutions.co.uk

For office use only

SECTION 1: Please write in BLOCK CAPITALS

Worker's Name

Worker's Address

Healthcare ☐

Home Care ☐

Client's Name

Client's Address

SECTION 2: TIMESHEET (use the 24hr clock)

DAY	DATE DD/MM/YY	AM FIRST CALL		LUNCH SECOND CALL		TEATIME THIRD CALL		PM FOURTH CALL		TOTAL HOURS A DAY
		START TIME	FINISH TIME	START TIME	FINISH TIME	START TIME	FINISH TIME	START TIME	FINISH TIME	
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										

TOTAL HOURS

SECTION 3: WORKER AUTHORISATION

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 this disclosure of information from this form to and by any Kind Solutions authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that induction and orientation training and fire safety has been provided by the client

Print Name: **Worker's Signature:** **Date:**