



**CLIENT PLEASE NOTE:**

By signing this declaration, you are confirming that the total number of hours entered in the normal total and overtime total boxes are correct and that work was carried out satisfactorily. On behalf of your company, you are authorizing payment to the Temporary Worker and payment of our invoice. Therefore, please ensure that the totals are correct, as it may not be possible to rectify errors at a later date. Please also countersign any alteration.

56 Lenthall Avenue,  
 Grays RM17 5AT  
 Enq: [info@vitalityhcs.co.uk](mailto:info@vitalityhcs.co.uk)  
 Tel: +44 (0) 730 6111 471  
 Website: [www.vitalityhcs.co.uk](http://www.vitalityhcs.co.uk)

**IMPORTANT: Please submit before 5 pm every Monday**

|  |
|--|
| <b>STAFF MEMBER'S NAME:</b>                      |
| <b>CLIENT'S LOCATION OR SERVICE USER'S NAME:</b> |
| <b>FUNDER NAME:</b>                              |

| DAYS               | DATE | START TIME | END TIME | BREAK | ACTUAL HOUR WORKED | AUTHORIZED NAME | AUTHORIZED SIGNATURE |
|--------------------|------|------------|----------|-------|--------------------|-----------------|----------------------|
| MONDAY             |      |            |          |       |                    |                 |                      |
| TUESDAY            |      |            |          |       |                    |                 |                      |
| WEDNESDAY          |      |            |          |       |                    |                 |                      |
| THURSDAY           |      |            |          |       |                    |                 |                      |
| FRIDAY             |      |            |          |       |                    |                 |                      |
| SATURDAY           |      |            |          |       |                    |                 |                      |
| SUNDAY             |      |            |          |       |                    |                 |                      |
| <b>Total hours</b> |      |            |          |       |                    |                 |                      |

**Confirmation:**

I confirm that the information on this timesheet is correct. If it is later found to be incorrect, I acknowledge and accept that all necessary steps will be taken by Vitality Health Care Services Ltd to retrieve any monies I owe.

**PLEASE SEND ALL TIMESHEETS TO: [payroll@vitalityhcs.co.uk](mailto:payroll@vitalityhcs.co.uk)**