

Please use CAPITAL Letters

TIME SHEET

State Care Limited

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www.statecare.uk

timesheets@statecare.uk

First Name		REFERENCE NUMBER (optional)
Surname		
Joindine		COPIES: Top Copy – your copy
	Where have you been working?	(and DelF and between

Where have you been working?

Unit/Ward/Home

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:	CLIENT SIGNATURE:	
I can confirm that the above hours are correct and that I performed my duties to the best of my ability.	I can confirm that the (above) has compl time sheet.	eted the above hours. I am authorised within my position to sign this
Date:	Full Name:	Date: D D M M Y Y
Signature:	Position:	Signature:

A copy of this time sheet needs to be with us by 10am Monday, so that we can pay you on time. To send your time sheet, email a scan or photo to timesheets@statecare.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.