



Life CaRe24 Ltd

Time Sheet

Employee Name: _____ Employer: _____

Position: _____ Address: _____

Day	Date	Time – 24 Hours		Work Hours Minus Break Hours	Total Hours	Authorised Signature
		From	To			
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Totals						

Employee Signature: _____ Print: _____

Client Signature: _____ Print: _____

Position: _____ Date: _____

(I declare that the above information is correct and complete and if I knowingly provide any false information will result in disciplinary action and I may liable for prosecution. Under article (4) of the European Working time Directory, when the working day extends beyond 6 hours, I take a break of 20 minutes or more must be taken and deducted from the hours worked.)