



Uniting Care

The Heart Is Where The Health Is

UNITING CARE LIMITED TIMESHEET THIS IS AN ORIGINAL TIMESHEET FOR MANAGER/ACCOUNTS RECEIVABLE

KEEP THIS COPY FOR YOUR RECORDS

Please email timesheets/any payroll enquiries to: payroll@unitingcare.co.uk

Employee First Name:	
Employee Surname:	
Employee Number:	
Client Name:	

FEEDBACK REFERENCE FORM (CLIENT ONLY)

Poor -1 Satisfactory - 2 Good - 3 Excellent - 4

Day	Date	Start	Finished	Total Hours (Excluding breaks)	Reference Number	Supervisor/Manager (approved Signatory)
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
Total Hours						

Type	1	2	3	4	Comments
Punctuality					
Motivated					
Organized					
Responsible					

Were there any issues/concerns with the employee Y/N

Would you be happy to have the employee back? Y/N

FAO: Employee Signatory

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the days/hours on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and the civil recovery proceedings.

Signed by: _____

Print Name: _____

Date: _____

To facilitate payment please email the timesheet within a timely manner. Late submission of timesheet may result in a delayed payment.