# Timesheet

SENDhelp

**It is the responsibility of the candidate to ensure that each section of the timesheet is completed in BLOCK CAPITALS using a black ball point pen and is SIGNED by an authorised person at the care company. Failure to do so may result in the timesheet being rejected. To ensure you are paid on time, timesheets MUST be received by us before 18:00 on MONDAY following the week worked.**

**Approved timesheets should be scanned and emailed to payroll@SEND-help.co.uk (PDF, TIFF or JPEG formats only)**

## Worker Details

First Name

Payroll Number

Last Name

## Assignment Details

Care Company Name

Care Company Address

Postcode

**TIME DETAILS –** PLEASE COMPLETE **ONLY ONE** OF THE TABLES BELOW *(EITHER DAILY OR HOURLY PAID)*

Week Commencing (DD/MM/YYYY)

### Daily Paid Workers

| | e.g. | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|
| AM | ✓ | | | | | | | |
| PM | ✓ | | | | | | | |
| Payable Days | 1 | | | | | | | |

**Total Days Payable**

### Hourly Paid Workers

| | e.g. | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|
| Start Time | 8:30am | | | | | | | |
| Unpaid Breaks | 1 hr | | | | | | | |
| Finish Time | 3:30pm | | | | | | | |
| Payable Hrs | 6 | | | | | | | |

**Total Hours Payable**

## Timesheet Approval

### Care Company/Employer

I confirm that the above temporary worker has worked the hours/days stated above, as adjusted if necessary, satisfactorily and that SENDhelp's invoice will be paid in accordance with the payment terms. I also confirm that I am authorised to sign as such on behalf of my school or employer. Furthermore, I understand that if we subsequently engage the temporary worker or introduce them to any third party, then a placement fee may be levied in accordance with the Terms of Business.

By signing this timesheet, you are agreeing to our Terms of Business (available to download from our website or on request from your consultant).

**Signed:** ..... **Date** .....

**Print Name:** .....

**Comments:** .....

### Worker

I certify that I have worked the hours/days detailed above and have taken all rest periods as required and that the information given on this timesheet is accurate.

**Signed:** ..... **Date** .....

**Print Name:** .....