

Sigma Care Limited

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Weekly time sheet

Week Commencing Monday: _____

Day	Date	Client Address	Start Time	Finish Time	Total Hours	Authorized Signature	Print Name
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

RGN

Care Assistant

RMN

(Please Tick as appropriate)

I sign this to confirm I have carried out the duties listed above, following the NMC guidelines, Code of Professional Conduct, Scope of Professional Practice, and Standards for the Administration of Medicines.

Staff Name: _____ Staff Signature: _____

All time sheets should be correctly dated, signed and returned to the office weekly. Failure to submit your time sheets on time may result in you not being paid for the work you have done. You must complete a time sheet for every shift you do. The time sheet must ALWAYS be signed by a member of trained staff on the Clients behalf. Wages are paid directly into your bank account on 1st of each month.