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| **Timesheet** |  | *All timesheets should be scanned to* *timesheets@dwellinsocialcare.co.uk* *or send a picture via WhatsApp to 07475978148 on or before 0900am on Monday following the end of the week the timesheet relates to. Payment will be Friday on or before 12 Midday of the same week.* |
| Week Commencing: | ………./………..…../……....….. |
| Name of Employee | …………………………………...... |
| Placement: Dwell-In Group of Companies |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day Shift** | **Start Time** | **Finish Time** | **Total Hrs** | **Sleep In** |  | **Night Shift** | **Start Time** | **Finish Time** | **Total Hrs** |
| **Monday** |  |  |  |  |  | **Monday** |  |  |  |
| **Tuesday** |  |  |  |  |  | **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |  |  | **Wednesday** |  |  |  |
| **Thursday** |  |  |  |  |  | **Thursday** |  |  |  |
| **Friday** |  |  |  |  |  | **Friday** |  |  |  |
| **Saturday** |  |  |  |  |  | **Saturday** |  |  |  |
| **Sunday** |  |  |  |  |  | **Sunday** |  |  |  |
| Total |  |  |  | Total |  |

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| *By annexing my signature, I can confirm that all the above information is correct and I will be held responsible for providing any misleading and inaccurate information.* |

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| **Signed:**  | ………………………………… | **Dated:** | ………./……../…….. |
| Details checked and verified by |
| **Full Name:** | ………………………… | **Signed:** | …………. | **Dated:** | …./……../……. |
| **For Dwell-In Social Care** |
| **Telephone:** 03300 430 005**Email:** enquiries@dwellinsocialcare.co.uk **Web:** [www.dwellinsocialcare.co.uk](http://www.dwellinsocialcare.co.uk)**DWELL-IN-GROUP OF COMPANIES LTD, Company Number 08194676****Registered In England and Wales****Registered Office: Corby Business Centre, Office 29, Einsmann Way, NN17 5ZB** |