

Establishment Name & Address

**TIMESHEET**

**CAREFIRST**

Staff Full Name:	
Week Commencing:	

You must complete this timesheet using a **24-hour clock** for processing. All timesheets must be received on **Monday the following week by 10am**. Should you submit a late timesheet, you will not be paid until the following week.

Day	Date	Shift	Start Time	Finish Time	Breaks	Hours	Customer Signature
Monday		Shift 1					
		Shift 2					
Tuesday		Shift 1					
		Shift 2					
Wednesday		Shift 1					
		Shift 2					
Thursday		Shift 1					
		Shift 2					
Friday		Shift 1					
		Shift 2					
Saturday		Shift 1					
		Shift 2					
Sunday		Shift 1					
		Shift 2					

Customer: By signing this document you agree that the information entered onto this document is an accurate record of work undertaken.

**Declaration:**

I certify that the information I have entered on this timesheet is a true reflection of the work I have undertaken.

**Signature:**