

Time Sheet .....

Week Ending .....



# ELITE CARE RECRUITMENTS

*WE DON'T BELIEVE IN PROMISES, BUT WE GUARANTEE IT IN OUR SERVICES*

Client Name & Address:

.....  
.....  
.....

Staff Name & Position:

.....  
.....  
.....

Please sign and return by email or post. Staff will not be paid without authorisation.

Studio 9, Initiative House  
Campbell Road  
Stoke on Trent  
ST4 4DE

Tel: 01782 844421  
Mobile: 07932 644 941  
Email & Web:  
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www.elitecarerecruitment.com

Day	Date Worked	Time Start	Time Finish	Breaks (if applicable)	Miles Claimed	Total Hrs.	Client Initial
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
<b>Total Hours Worked</b>							

I authorise Elite Care Recruitment to invoice as per the above listed hours and confirm understanding and acceptance of their Terms of Business and charge rates as agreed.

Name:

Position:

Signature:

Date: