



## CAVALRY HEALTHCARE LTD TIMESHEET

Please print details in block capitals. Please use one timesheet per week for each organisation that you work at.

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **Client:** \_\_\_\_\_

	Date	Start Time	Finish Time	Time on Break	Total Hours Worked
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					
<b>Weekly Total:</b>					

I declare that the above information is correct and complete and that I have not claimed elsewhere for the hours detailed on this timesheet. I understand that giving false information may result in disciplinary action and that I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information on this form to any body authorised by Cavalry Healthcare Ltd for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**Cavalry Healthcare Staff Signature:** \_\_\_\_\_

### To be completed by the Client:

I am an authorised signatory of the above named client. I am signing to confirm the above hours/shifts have been worked by the above named Cavalry Healthcare staff member and I approve payment. I understand and agree to the Cavalry Healthcare Ltd terms of business.

**Authorised Signatory Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please scan and send completed timesheets to [admin@cavalrycare.co.uk](mailto:admin@cavalrycare.co.uk) or post to Cavalry Healthcare Ltd, 5 Petre Court, Clayton-Le-Moors, BB5 5HY.

**0800 681 6024**