



Lancashire
Care Services

Lancashire Care Services Ltd,
132 Colne Road, Burnley,
Lancashire, BB10 1DT
Tel: 01282 786055
Out of Hours: 07435 215976

TIMESHEET

Week Commencing (Date): _____ Week Ending (Date): _____

Job Title: RGN RMN RNLN Care Assistant Senior Carer Support Worker

I declare I have carried out the duties listed - following the NMC guidelines Code of Professional Conduct,
Scope of Professional Practice and Standards for the administration of medicines.
The work week starts Monday morning & ends upon Sunday nights duty.

Staff Name: _____ Staff Signature _____

Day	Date	Start Time	Finish Time	Duration of Break	Total Hours	Authorised By
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Authorised By*

Print Name: _____ Signed: _____

Place of Work: _____ Date: _____

OFFICE USE ONLY

TIMESHEETS MUST BE SUBMITTED WEEKLY - EVERY MONDAY.
FAILURE TO SUBMIT YOUR TIME SHEETS TO THE OFFICE ON TIME MAY RESULT IN DELAYED PAYMENT.
*THE TIMESHEET MUST ALWAYS BE SIGNED OFF BY THE NURSE IN CHARGE OR MANAGER ON THE CLIENTS BEHALF.