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STAFF NAME

POSITION

CLIENT/HOSPITAL/CARE HOME

DAY	DATE	TIME START	TIME FINISHED	BREAKS	TOTAL HOURS	BANK HOLIDAY	TOTAL MILEAGE	MANAGER IN CHARGE
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
TOTAL HOURS WORKED								

I am an authorised signatory for the organisation. I am signing to confirm that the job title and band agency worker and the hours/ shift that above are accurate and I approve the payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to the organisation for the purpose of verification of disclaiming and the investigation, prevention, detection and prosecution of fraud.

SIGNATUREDATE.....

PRINT NAMEPOSITION.....

Client feedback: (Comments on the staff)

For office use only