

CM Care Service

138 Twickenham Drive, Wirral, Merseyside, CH46 1PG
Tel: 07852355153
Email: info@cmcareservice.com

Timesheets must be completed in black ink and block capitals
Deadline for submitting your timesheets is 12 Midday on Mondays



Agency worker first name Agency worker last name Agency worker grade

Place of Work

Shift Date	Shift start Date	Break	Shift End Time	Total hours worked (please deduct the duration of your breaks)	Unit No./Dpt. Authorised Signature	Unit No./Dpt. Authorised Print name
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						

Enter your start and end times in 24 hour format. Ensure the information is legible and correct

Agency worker declaration

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours on this time sheet. I understand that if I knowingly provide false information this may result in disciplinary action. I consent to the disclosure of information from this form to CM Care Service for purposes of verification of this claim and the investigation, prevention and prosecution of fraud.

Agency Worker name:

Agency worker signature:

Date:

Authorised Client Signatory:

I am the authorised signatory for my ward/dpt/home. I am signing to confirm that the hours/shifts that I am authorizing are accurate & I approve payment. I understand that if I knowingly provide false information it might result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by CM Care Service and the CQC for the purpose of verification of any claim or investigation.

Authorised client signatory name:

Authorised client signatory signature:

Date:

Deadline for submitting your time sheet is 12 Midday on Mondays to: shift@cmcareservice.com