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| **Name of Employee :** | **Week Commencing Monday:** |
| **Hospital/Client/ Unit :** | **Job Title :** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date | Time Started | Time Finished | Hours Worked | Break Taken | Signed by  Person in Charge | Print Name  & Title |
| Monday |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |

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| **Comments : ALL TIMESHEET MUST REACH HENT HEALTHCARE LTD BY 10AM EACH MONDAY IF YOU REQUIRE PAYMENT TO BE PROMPT. TIMESHEETS NOT IN BY 10AM WILL BE PROCESSED THE FOLLOWING WEEK. HENT HEALTHCARE IS AN AGENCY AND NOT AN EMPLOYER BUT IS REQUIRED BY H.M.R.C TO DEDUCT P.A.Y.E PAYMENTS.** |

Employee signature Telephone Number : 01709 252262

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