**Bluerock Healthcare Ltd - Candidate Hours Timesheet**

**Week Commencing :** _____ **Care Home:** _____

**Candidate Name:** _____ **BREAKS PAID:** **YES/NO**

| Date | Shift Start | Break Start | Break End | Shift End | Total Hrs | Signed on behalf of Care Home | Print Name | Date |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | **TOTAL HOURS TO BE PAID:** | | | | |

**For completion by the authorised care home signatory.**
I confirm that I am authorised to sign for the shifts provided on this form.
I am signing below to declare that the information listed on this form is accurate for invoicing.

Print name:_____

Position: _____

Signed: _____

Date: _____

**For completion by the worker.**
I confirm the information provided on this form is correct and complete.
I fully understand that if I knowingly provide false information this can result in disciplinary action and I may be liable for prosecution.

Print name:_____

Signed: _____

Date: _____

Timesheets must be completed **IN FULL.** Incomplete timesheets will not be accepted.
Timesheets should be completed for shifts based on a Monday-Sunday working week (unless otherwise agreed)
All timesheets need to be signed by the worker and the authorised signatory for the care home.
Authorised timesheets should then be emailed to payroll@bluerockcare.co.uk no later than **1pm** the following Tuesday to be processed for payment.
Timesheets can also be faxed to 0113 827 2284

**LATE & INCOMPLETE TIMESHEETS WILL RESULT IN DELAYED PAYMENT**