



AJ Zion Limited

AJ Zion Limited
Suite 5, 319A Holdenhus Road
Bournemouth, BH8 8BT

Tel: 01202 097 730
Email: timesheet@ajzionlimited.co.uk

Worker's Name

Job Role

Client's Name
or
Care Home

TIMESHEETS MUST BE SENT TO THE EMAIL ADDRESS ABOVE BEFORE 12 NOON EVERY MONDAY TO ENABLE PAYMENT TO BE PROCESSED FOR THE FOLLOWING FRIDAY.

Day	Date	Start Time	Finish Time	Number of Hours	Breaks Duration	Mileage	Sleep In	Total Worked	Authorised Signature
Monday									Sign & Date
Tuesday									Sign & Date
Wednesday									Sign & Date
Thursday									Sign & Date
Friday									Sign & Date
Saturday									Sign & Date
Sunday									Sign & Date

I declare that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information it may result in disciplinary action. By signing this timesheet you are confirming your agreement with AJ Zion Ltd.

Worker's signature _____

Worker's Name _____

Week Ending / /

I certify that the attendance and work of the worker has been satisfactory, and no claims will be made against the agency's invoice.

Client Authorised signature _____

Print Name and Position _____

Date Authorised / /

White copy: AJ Zion Yellow copy: Client Pink copy: Staff