



**Walton Out Care Services Ltd**

**TIME SHEET**

Th Old Courthouse  
18-22 St Peter's Street churchyard Derby  
DE1 1NN

Tel: 01332986485  
Mob: 07340530881  
www.waltonoutcareservices.co.uk

**Employee Name:**

**Title:**

**Employee role:**

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Date	Location	Start time	End time	Break	Hours worked	Manager Name	Manager sign

Total hours

By signing this time sheet you are agreeing that the hours worked are correct. Any hours claimed under false pretends will not be paid.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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/shifts detailed on this time-sheet. I understand that if I knowingly provide false information this may result in disciplinary action and that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification of this claim and the investigation, protection, detection of fraud.

All time-sheets must be submitted on a Monday. Payments are made monthly on the 25<sup>th</sup> of each month. Time-sheets must be emailed to [care@waltonoutcareservices.co.uk](mailto:care@waltonoutcareservices.co.uk) by 12:noon. If you have any queries please contact the office on 07340530881. There will be a £10 charge for late time-sheet submission