



Timesheet

91121A

Please email your completed timesheet to healthcare@bigantgroup.co.uk before 09.00am on a Monday morning.

Care Home/Setting:

Address:

Postcode:

HCA Name:

Address:

Postcode:

	Date	Start Time	Finish Time	Breaks Deducted	Total Hours
MON	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
THU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FRI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

As the agency support member of staff, I declare that the information I've given on this timesheet is accurate and I've not claimed elsewhere for the hours/days detailed.

As a Care Setting representative, I am authorised to confirm the accuracy of the hours worked and approve payment. By signing this timesheet, it's an acceptance of the BIG ANT Terms of Business.

	HCA	Care Home/Setting.
Name:	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>	<input type="text"/>
Date:	<input type="text"/>	<input type="text"/>

Mileage Claim: YES / NO Ferry Transport: YES / NO

Postcode to Postcode Total Miles

Entitled to 37p per mile after 10 miles each way. Any journey each way over 10 miles, paid door to door.

Shift notes:	Office Use Only:
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