



# TIME SHEET

WEEK ENDING SUNDAY: .....

TEMP'S NAME: .....

CLIENT NAME/LOCATION: .....

DAY	DATE	TIME IN	BREAKS	TIME OUT	HOURS WORKED	AUTHORISING NAME	AUTHORISING SIGNATURE
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
					TOTAL HRS	NUMBER OF SLEEPS	
						1 2 3 4 5 6 7	

Signature of the time sheet by the Client constitutes acceptance of Josco Care & Nursing's Terms and Conditions of Business (found on the reverse of this timesheet). It confirms that the Temporary Worker's services have been provided for the hours indicated on the time sheet and that such services have been satisfactory.

**ONLY TO BE COMPLETED BY A COMPANY REPRESENTATIVE PLEASE RETAIN ONE COPY FOR YOUR COMPANY RECORDS AND PROVIDE ONE COPY TO THE TEMPORARY WORKER.**

Temporary Workers must fill in and return this timesheet to the office no later than MONDAY of each week to ensure payment on Friday designated for that period. Temporary workers are solely responsible for the processing of their timesheets each week.

Client Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE EMAIL YOUR TIMESHEET TO [accounts@joscocare.com](mailto:accounts@joscocare.com) BY EVERY MONDAY 12:00PM**