

# REGALIA CARE

# TIME SHEET



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United Kingdom  
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Please submit all your time sheets to [timesheets@regaliacare.com](mailto:timesheets@regaliacare.com) before Monday 12pm for processing the payment on Friday. Late timesheets cause delay in payment.

<b>Agency Worker Details</b>	<b>Work Details</b>
Full Name:	Place of Work:
Job Title:	
Band/Grade:	Location (Ward/Dept.):

**Week Ending:** ...../...../.....

Day	Date	Start Time	End Time	Meal/Rest Breaks	Overtime Hrs.	Total Hrs.	Shift in Charge Name & Sign
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

<b>Total Hours for The Week</b>	
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### Client Declaration

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I am authorised to sign this timesheet. I have checked that all hours shown above are correct. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

### Agency Worker Declaration

Name: \_\_\_\_\_ 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 this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I accept that information disclosed may be passed to third parties including Nursing Homes, NHS trust, Hospitals, auditors, tax and law enforcement authorities and employment screening agencies about my engagement.

**Note: Please leave a copy of the completed and signed timesheet with the client.**

[www.regaliacare.com](http://www.regaliacare.com)