

aliyu**CARES** Limited (ACL)

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### TIMESHEET

<b>Employee Name:</b>	
<b>Employee Role:</b>	
<b>Client Name:</b>	
<b>Client/Assignment Address:</b>	

DAY	DATE	SHIFT START TIME	BREAK	SHIFT FINISH TIME	HOURS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				<b>TOTAL HOURS WORKED</b>	

### SLEEP-IN SHIFT

DAY	DATE	Additional Notes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Client Authorisation Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Position: \_\_\_\_\_ Print Name: \_\_\_\_\_

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