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TIME SHEET

Staff Full Name : Week Ending:

Clients Address:

Day	Date	Start Time	End Time	Break	Department Name	Booking reference No.	Total Hours	Authorised By
MON								
TUES								
WEDS								
THURS								
FRI								
SAT								
SUN								
Total Weekly Hours								

For completion by the authorised ward/department signatory

I am the authorised signatory for my ward/department. I am signing below to confirm that both the band and the staff that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action.

Authorised By: **Print Name:**

Position Held: **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/sessions detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to the Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Agency Worker Signature: **Print Name:**

Qualification:

All timesheets must be emailed on Monday before 10:00. Incomplete timesheets will result in delayed payment. Please use separate timesheets for different clients and remember to make a copy of the timesheet for a client.