

Please complete and return this Timesheet via Email to [payroll@tafaracareservices.com](mailto:payroll@tafaracareservices.com). To meet the Friday, pay run, the timesheet must be fully completed and submitted by 1400hrs on Monday of that week. **Failure to complete fields marked with a \* or state if not applicable (NA) will delay processing and payment.** If you are claiming any authorised expenses please make sure all original receipts are posted with your timesheet or this will delay payment.



**Tafara**  
care services  
"We are there for you"

Rest and meal breaks are unpaid unless otherwise stated prior to shift start.

If you have been booked directly by the hospital, please notify TCS to be on our booking system prior to commencing your shift. Failure to do this may delay the processing of your timesheet and in some cases none payment if verification cannot be obtained.

Bank Holiday rates; please enquire on booking from TCS and prior to starting your shift.

<b>Staff Full Name: *</b>		<b>Week Beginning Date (Monday): *</b> / /
<b>Role *</b>		
<b>Hospital Name: *</b>		
<b>Hospital Address: *</b>		

<b>Date *</b> DD/MM/YY	<b>Ward *</b>	<b>Shift Code*</b>	<b>Shift Start Time *</b> 24hr notation	<b>Shift End Time *</b> 24hr notation	<b>Break Time</b>	<b>*Total Hours</b>	<b>Client Authorisation*</b> Print name & sign
Monday / /							
Tuesday / /							
Wednesday / /							
Thursday / /							
Friday / /							
Saturday / /							
Sunday / /							

**Shift Codes:**

A - Advanced (for shift booked 5 days in advance before the commencement of the shift)

R – Reactive (Shift booked in less than 5 days before the commencement of the shift)

**Candidate Declaration**

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. I consent to the disclosure of information on this form for the purpose of verification of this claim, investigation, prevention, detection and prosecution of fraud.

- I have read and agreed to the Terms of Engagement supplied to me by Tafara Care Services Limited.
- If I have not opted out of Working Time Regulations 48 hr/wk. I am responsible for monitoring my own hours of work.
- I received orientation and induction by the Authority/Client for this booking.
- I am fit to practice and will inform Tafara Care Services Limited if this change.

**Candidate Signature\*:**

**Date\*:**

Tafara Care Services is a limited company registered in England and Wales. Registered number:09183329.  
Office Address: 1 Moss Wood Court, New Broughton, Wrexham, North Wales, LL11 6FB Office Tel: 07926470106 / 07961510909  
Web: [tafaracareservices.com](http://tafaracareservices.com) Bookings – 07753329010

Any questionable timesheet must be immediately brought to the attention of Tafara Care Services at [payroll@tafaracareservices.com](mailto:payroll@tafaracareservices.com)

