



# Bluefield Care Services Ltd

282 Lewisham High Street  
Lewisham, London SE13 6JZ

Tel: 0208 690  
E: info@bluefieldcare.c  
www.bluefieldcare.c

Week

**TIMESHEET No. 12397**

Week Starting Monday / /

Client: \_\_\_\_\_ Care worker Name: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Day	Date	1		2		3		4		5		NIGHT DUTY	TOTAL HOURS	MISCELLANEOUS <small>e.g emergencies no re</small>
		Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish			
Mon														
Tues														
Wed														
Thurs														
Fri														
Sat														
Sun														

I/We confirm that I have checked the times and agree that these hours were worked by the above employee and we confirm that these will be used for the calculation of the invoice.

TOTAL HOURS

Signature of service user: .....

Signature of care worker: .....

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



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