# The Timesheet

I certify that the information on this timesheet is accurate, and unless the timesheet has been properly authorized the customer, you will be responsible for repaying any exaggerated amounts in the event of a disagreement regarding claimed hours. Any excess money must be reimbursed right away, ad doing otherwise could lead to legal action.

**Full Name:**_____    **Client Name:** _____

**Position:**  _____    **Client Address:**_____

**Place of work** _____    **Position:** _____

**Ward/Department** _____    **Client Signature:**_____

| Weeks | Date DD/MM/YY | Start Time 24 Hr Clock | Finish Time 24 Hr Clock | Default Break Time | Actual Break Taken (if blank 60 min default used) | Actual Hours Worked (Less Breaks) | Person in-charge Signature (Please print name) |
|---|---|---|---|---|---|---|---|
| Monday | | | | 60 min | | | |
| Tuesday | | | | 60 min | | | |
| Wednesday | | | | 60 min | | | |
| Thursday | | | | 60 min | | | |
| Friday | | | | 60 min | | | |
| Saturday | | | | 60 min | | | |
| Sunday | | | | 60 min | | | |