

VR CARE SOLUTIONS LTD  
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COMPANY NUMBER: 13629241

## TIME SHEET

Employee Name: ..... Position Held: ..... HCA / S.HCA / NURSE.

Person Incharge Name: ..... Home Name: .....

DATE	TIME IN	TIME OUT	BREAK	HOURS	SIGN BY SUPERVISOR	How well we did (Excellent, Good, Needs Improvement)
Monday: ..... / ..... / .....						
Tuesday: ..... / ..... / .....						
Wednesday ..... / ..... / .....						
Thursday: ..... / ..... / .....						
Friday: ..... / ..... / .....						
Saturday: ..... / ..... / .....						
Sunday: ..... / ..... / .....						
<b>Total Hours</b>						

I DECLARE THAT THE INFORMATION I GIVEN ON THE FORM IS CORRECT, I UNDERSTAND THAT IF I UNKNOWINGLY PROVIDE FALSE INFORMATION THIS MAY RESULT DISCIPLINARY ACTIONS.

PLEASE HANDOVER THE TIME SHEET, ACCORDING TO VR CARE SOLUTIONS LTD TERMS & CONDITIONS.