

White	Office
Yellow	Staff
Pink	Client

Name: _____

Job Title: _____

Approved Achieve Care Solutions Ltd

Week Ending: _____



Day	Date	Establishment	Ward	Hours From	Break	Worked To	Total Hours	Authorized Name	Authorized Signature
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total Hours Worked									

On Time	1 poor to 5 excellent
Attitude	1 poor to 5 excellent
Knowledgeable	1 poor to 5 excellent
Team Participation	1 poor to 5 excellent
Performed Observation	1 poor to 5 excellent
Communication	1 poor to 5 excellent
Dress Code	1 poor to 5 excellent
Medico-legal Documentation	1 poor to 5 excellent

Additional Notes:

I am satisfied the Temporary worker performed adequately and professionally throughout the shift.

Signature: _____

Timesheet must be fully completed by Temporary Worker and authorised by an appropriate member of Client Staff
 Deadline to return timesheet for payment is 12pm Monday for payment the following Friday
 Separate timesheets should be completed for each establishment

timesheets@achievecare.com

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