

PLEASE FAX TIMESHEETS NO LATER THAN 5PM MONDAY - FAX NUMBER: 051 87 88 27



29 Manor Street, Waterford
 Phone: 087 745 2497 / Fax: 051 878827
 Email: mail@hpmedicalsolutions.com
 www.hpmedicalsolutions.com

| | |
|-----------------------|----------------------|
| Employee Name: | Staff Number: |
| Monday | Date: |

| <i>Client Name:</i> <u>Please Print in Block Capitals</u> | <i>Address</i> | <i>Time In</i> | <i>Time Out</i> | <i>Total Hours</i> | <i>Signature of Client/ Nominated Person</i> | <i>Agency Notes:</i> |
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Carer's Signature _____

Date _____

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|-----------------------|----------------------|
| Employee Name: | Staff Number: |
| Tuesday | Date: |

| <i>Client Name:</i> <u>Please Print in Block Capitals</u> | <i>Address</i> | <i>Time In</i> | <i>Time Out</i> | <i>Total Hours</i> | <i>Signature of Client/ Nominated Person</i> | <i>Agency Notes:</i> |
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| | |
|-----------------------|----------------------|
| Employee Name: | Staff Number: |
| Wednesday | Date: |

| <i>Client Name:</i> <u>Please Print in Block Capitals</u> | <i>Address</i> | <i>Time In</i> | <i>Time Out</i> | <i>Total Hours</i> | <i>Signature of Client/ Nominated Person</i> | <i>Agency Notes:</i> |
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| | |
|-----------------------|----------------------|
| Employee Name: | Staff Number: |
| Thursday | Date: |

| <i>Client Name:</i> | <i>Address</i> | <i>Time In</i> | <i>Time Out</i> | <i>Total Hours</i> | <i>Signature of Client/ Nominated Person</i> | <i>Agency Notes:</i> |
|--|----------------|----------------|-----------------|--------------------|--|----------------------|
| <u><i>Please Print in Block Capitals</i></u> | | | | | | |
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|-----------------------|----------------------|
| Employee Name: | Staff Number: |
| Friday | Date: |

| <i>Client Name:</i> <u>Please Print in Block Capitals</u> | <i>Address</i> | <i>Time In</i> | <i>Time Out</i> | <i>Total Hours</i> | <i>Signature of Client/ Nominated Person</i> | <i>Agency Notes:</i> |
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| Employee Name: | Staff Number: |
| Saturday | Date: |

| <i>Client Name:</i> <u>Please Print in Block Capitals</u> | <i>Address</i> | <i>Time In</i> | <i>Time Out</i> | <i>Total Hours</i> | <i>Signature of Client/ Nominated Person</i> | <i>Agency Notes:</i> |
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|-----------------------|----------------------|
| Employee Name: | Staff Number: |
| Sunday | Date: |

| <i>Client Name:</i> <u>Please Print in Block Capitals</u> | <i>Address</i> | <i>Time In</i> | <i>Time Out</i> | <i>Total Hours</i> | <i>Signature of Client/ Nominated Person</i> | <i>Agency Notes:</i> |
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