1332 600620

info@finetouchcare.com

www.finetouchcare.com

FINETOUCH CARE AGENCY

Quality and professional health care staff and nurses

STAFF NAME .....

POSITION .....

CLIENT/HOSPITAL/CARE HOME .....

DAY	DATE	TIME START	TIME FINISHED	BREAKS	TOTAL HOURS	BANK HOLIDAY	TOTAL MILEAGE	MANAGER IN CHARGE
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
				TOTAL HOURS WORKED				

I am an authorised signatory for the organisation. I am signing to confirm that the job title and band agency worker and the hours/ shift that above are accurate and I approve the payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to the organisation for the purpose of verification of disclaiming and the investigation, prevention, detection and prosecution of fraud.

SIGNATURE .....**DATE**.....

PRINT NAME .....**POSITION**.....

N.B: Staff to send WHITE copy to office, YELLOW copy, leave with client, PINK copy to keep for records

Client feedback: (Comments on the staff)

Finetouch Care Agency Limited promotes an open policy, if you wish to discuss any concerns in relation to this person, please ring our Managing Directors 07956554345 | 07551 234968

Office Hours Monday - Friday 9:00 AM - 6:00 PM

For office use only