1332 600620 info@finetouchcare.com www.finetouchcare.com



For office use only

| TUES WED THURS FRI SAT SUN TOTAL HOURS WORKED am an authorised signatory for the organisation. I am signing to confirm that the job title and band agency worker and lours/ shift that above are accurate and I approve the payment. I understand that if I knowingly provide false informatinary result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the listicoloure 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 | DAY | DATE | TIME START | TIME FINISHED | BREAKS | TOTAL HOURS | BANK HOLIDAY | TOTAL MILEAGE | MANAGER IN CHARGE |
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| N.B: Staff to send WHITE copy to office, YELLOW copy, leave with client, PINK copy to keep for reco | N.B: Sta | aff to send | WHITE co | py to office, Y | ELLOW cop | oy, leave wi | th client, PIN | K copy to k | eep for records |

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