

WEEKLY TIMESHEET

CARER NAME	
CARER ID:	
ROLE	
WEEK STARTING (DATE)	
TIMESHEET NO	DG-TMSHEET-001

DYNAMICS GLOBAL LTD

Weekly Timesheet | Trusted Care Staff Documentation  
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Submission Checklist (Tick Before Submitting): ☐ Shift details completed ☐ Carer signed ☐ Client signed ☐ No unauthorised changes

Date	Client Name	Start Time	Finish Time	Break Start	Break End	Total Hours	Ward/Patient Name	Job Title & Band	Client Initials

TO BE COMPLETED BY AUTHORISED SIGNATORY

I confirm that the information provided on this timesheet, including the hours worked, job role, and client details, is accurate and complete to the best of my knowledge. I acknowledge that by signing this document, I am authorising payment for the services delivered by the agency worker as recorded above. I understand that knowingly approving false or inaccurate information may result in disciplinary action, legal proceedings, or civil recovery. I further agree that this timesheet may be subject to verification checks to ensure compliance with relevant policies and procedures. I give my consent for the data on this form to be shared with internal departments, external agencies, public sector bodies, or fraud prevention services for validation, monitoring, and fraud investigation. Any concerns or irregularities identified on this form must be reported immediately to the appropriate authority, including relevant fraud investigation units, where applicable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Total Hours (in Words): \_\_\_\_\_

TO BE COMPLETED BY AGENCY WORKER

I declare that the information provided in this timesheet is accurate and reflects the actual hours and duties I have undertaken. I confirm that I have not submitted a claim for these hours through any other source. I understand that providing false or misleading information may result in disciplinary action, legal consequences, or civil recovery. I consent to the disclosure and use of the data on this form by the agency, public sector organisations, and authorised bodies for the purpose of verification, compliance checks, and the detection and prevention of fraud.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Client Code: \_\_\_\_\_ Worker ID: \_\_\_\_\_ W/E: \_\_\_\_\_  
Authorised By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_  
Hours: \_\_\_\_\_ Pay: \_\_\_\_\_ Charges: \_\_\_\_\_ Expenses: \_\_\_\_\_

ANY ALTERATIONS MUST BE COUNTERSIGNED BY THE CLIENT