WINDSOR
HEALTHCARE RECRUITMENT

EMAIL to office@whr.group

Client Facility			Employee Name			Pay Date	
Role			**Week Ending Date**				
	Work Date	Start Time	Break Start	Break End	End Time	Supervisor Initials	Notes
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

EMPLOYEE SIGNATURE	I confirm that the hours submitted are correct and they were signed off by an authorized signatory of the facility.
AUTHORIZED SIGNATURE	I confirm that the hours worked by the employee are correct and that we were satisfied with the standard of work for the week.