



**WeLead Cleaners**  
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## TIMESHEET

Name: \_\_\_\_\_

**ALL TIME SHEETS MUST BE SIGNED BY AN AUTHORISED MEMBER OF STAFF**

Day	Date	Place of Work	Day/Night Shift	Hours of Work		Break deducted	Number of Hrs Worked	Client Signature Print Name & Position
				From	To			
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

I confirm that the information I have written above is correct and complete. I understand that if I knowingly provide false information, it may result in disciplinary action and may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from time to time and by the client for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud.

Employee Signature: \_\_\_\_\_

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

Client: I confirm that I am authorized signatory and confirm that I have checked the timesheet and all the information is correct. I understand that If I knowingly provide false information may result into disciplinary action and may be liable to prosecution and civil recovery proceedings

Client Signature: \_\_\_\_\_

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