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HUMUCARE CLEANING AGENCY TIME SHEET

Notice:

Humucare cleaning staffs must receive this completed and signed time sheet no later than **Monday by 3:00 PM** in order to process your payroll to arrive on Friday of each week. You may call or email *Humucare cleaning* to verify your time sheet has been received.

Section 1 This section to be completed by *Humucare cleaning* employee. After employee completion, Section 2 must be completed by authorized client company personnel. Time sheet should then be faxed to *Humucare cleaning* by the payroll deadline above.

Humucare cleaning Employee Name: _____

Client Company Name: _____

For the Pay Period: Beginning ____/____/____ and Ending ____/____/____
(Monday) (Sunday)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	HR:MIN	HR:MIN	HR:MIN	HR:MIN	HR:MIN	HR:MIN	HR:MIN
Arrive	:	:	:	:	:	:	:
Depart	:	:	:	:	:	:	:
DAILY HOURS WORKED							

Total Hours Worked for the Period: _____

Humucare cleaning Employee Signature: _____

Section 2: This section to be completed by authorized client company personnel.

By signing below, you certify that all work performed by the *Humucare cleaning* employee named herein, during the specific period, was consistent with industry standards and performed to your reasonable satisfaction. Furthermore, you certify that the "Total Hours Worked for the Period" as shown above shall be controlling for all billing purposes.

Client Company Authorized Signature: _____ **Date:** ____/____/____

Name: _____ **Title:** _____