



Please email completed timesheets to [timesheet@cavalrycare.co.uk](mailto:timesheet@cavalrycare.co.uk) by 10am every Monday morning.

Any queries please call: 0800 681 6024.

**Cavalry Healthcare Ltd Timesheet**

Please use a separate timesheet for each care home/client.

<b>Full Name:</b>				<b>Name of Care Home/Client:</b>		
	<b>Date</b>	<b>Start Time</b>	<b>Finish Time</b>	<b>Time on Break</b>	<b>Total Hours</b>	<b>Authorised Signatory</b>
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						

**Cavalry Healthcare Ltd Employee Declaration:**

I declare that the above information is correct and complete and that I have not claimed elsewhere. I understand that giving false information may result in disciplinary action and that I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information on this form to anybody authorised by Cavalry Healthcare Ltd for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

<b>Signature:</b>			<b>Date:</b>	
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**Care Home/Client Authorised Signatory Declaration:**

I am an authorised signatory of the above-named client. I am signing to confirm the above hours/shifts have been worked by the above-named Cavalry Healthcare employee and I approve payment. I understand and agree to the Cavalry Healthcare Ltd terms of business.

<b>Full Name:</b>			<b>Date:</b>	
<b>Signature:</b>			<b>Position:</b>	