



**Success Point Associate Ltd**  
 CARE & LOVE

# TIME SHEET

**CLIENT NAME**.....

**Client Authorization**

I sign to confirm that the information provided in this time sheet is not misleading and it is accurate and complete to the best of my knowledge. I hereby authorize and approve the payment for the work done.

I fully understand that disciplinary action may be taken against me if I authorize and approve false information which I may be liable to prosecution and civil proceedings.

**Authorized Name**.....

**Authorized Position**.....

**Authorized Signature**..... **Date**.....

Day	Start Time	Break	Finish Time	Total Hrs worked	Signed by client Representative	Date
<b>Monday</b>						
<b>Tuesday</b>						
<b>Wednesday</b>						
<b>Thursday</b>						
<b>Friday</b>						
<b>Saturday</b>						
<b>Sunday</b>						

**Candidate Declaration**

I hereby declare that the information I provided above is accurate and correct and I have claimed the actual hours worked on this time sheet. I agree to be prosecuted and liable for any false information provided knowingly.

Candidate Name.....Sign.....Date.....

Job Role.....

Kindly ensure that this time sheet is fully completed and authorized by the supervisor or client's representative after the end of each shift. A copy of this time sheet is expected to be forwarded to the email address provided above on or before 10am on Monday