| This must be emailed to payroll@aqua-healthcare.co.uk or faxed to 0203 137 2170 by 5pm on Monday to ensure prompt payment. | | | | | OCIUC® HEALTHCARE | |
|---|------|-----------------------------|-----------------------|------------------|--|-----------------------------|
| Name | | | | | E – payroll@aqua-healthcare.co.uk T – 0208 004 8604 F – 0203 137 2170 W – www.aqua-healthcare.co.uk | |
| | Date | Start Time | Finish Time | Break Start Time | Break Finish | Total Hours |
| Monday | | | | | Time | Worked |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Total | | | | | | |
| The above named staff has with your terms and condit | · · | vn and we agree to pay your | account in accordance | • | received and read your Bu se work detailed above. | siness Agreement and that I |

Staff Signature:

Date:

Authorised by: Position:

Signature: Date: