

Timesheet Number	
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Surname:		Hospital / Patient:	
Forenames:		Address:	
Employee No:			
Qualifications relevant to this job. Please specify:	Speciality (please specify):	Postcode:	
		Site / Ward:	

Day	Date	Reference Number (Please ensure that this number is correct to allow timely payment)	Hours Worked (use 24 hour clock)					Grade/ Band	Days 07.00 to 21.00	Nights 21.00 to 07.00	Saturday	Sunday	Public Hols	On Call Sleep in	To be completed by an authorised signatory		
			From: Hours	To: Hours	Total Hours Inc Break	Break Taken	Net Hours to be Paid								Name (please print)	Signature	Position
MON																	
TUE																	
WED																	
THU																	
FRI																	
SAT																	
SUN																	
It is the responsibility of the worker to ensure that this timesheet is correct before leaving the client.			Total hours to be paid														
Site induction & training received <input type="checkbox"/>			<b>TIMESHEET MUST BE AT THE OFFICE MONDAY, TO BE PAID FRIDAY</b>														
Workers Signature:																	
Pay Code:			Client No:					Worker No:									

**To be completed by the Client**

We certify that the above named person worked the hours at the grade specified above and has his/her duties were carried out to an acceptable standard. We acknowledge we have read and accepted your terms of business and we agree to pay any invoices raised as a result of this timesheet. We acknowledge that should any temporary worker introduced to you by us accept an offer of employment from you, a fee calculated in accordance with our normal scale of charges for the introduction of permanent staff will become payable.

Client signature \_\_\_\_\_

Date \_\_\_\_\_

 White copy: City Healthcare  
 Blue copy: Factor Co  
 Yellow copy: Worker  
 Pink copy: Client

Please print name \_\_\_\_\_

Position \_\_\_\_\_