

TIMESHEET

Please ensure that this timesheet reaches us by **Monday 12PM**.

FAILURE TO DO SO WILL DELAY PAYMENTS

Email: services@adukehealthcare.co.uk

Phone Number: 01274986567 Website: www.adukehealthcare.co.uk

FIRST NAME										
SURNAME										
CLIENT/ TRUST										

JOB TITLE										
BRAND										

Please indicated performance from 1-5(5 being the best)

DAY	DATE	START	BREAK	FINISH	TOTAL HRS	WARD/UNIT	BOOKING REFERENCE NO	AUTHORISING NAME	AUTHORISING SIGNATURE	Punctuality	Attitude
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

Total Hours of the week excluding breaks

Notes to Candidate:

- 1. HAVE YOU RECEIVED HOSPITAL/NURSING HOME INDUCTION? Yes \Box No \Box
- 2. Timesheets without Booking Reference and/or PO number (where applicable) WILL NOT be processed.
- 3. Timesheets which are not in a legible format or without an authorisation signature WILL NOT be processed for payment.
- 4. Please minus your breaks when totalling your hours worked & ensure you use the 24hr clock.
- 5. A photographic copy of this timesheet using a smart phone or other device will not be accepted.
- 6. Please use 1 Time sheet per client Per Week. For NHS Please use 1 time sheet per Shift.

Agency Staff:	AGENCY STAFF NAME:	DATE:
I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheett	SIGNATURE	JOB TITLE:
I am an authorized signatory of the above-named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker	AUTHORISED APPROVER NAME:	DATE:
and the hours/shift that I am authorizing are accurate and I approve payment.	SIGNATURE:	JOB TITLE: