

Timesheets must be faxed, emailed, posted or hand delivered to our Aldershot office by 12 noon Monday in order to facilitate payment on the Friday
Please note that the payroll week runs from Monday to Sunday and timesheets received by the cut-off time will be paid in the week after the work was performed

FILL IN ALL SECTIONS AND PLEASE USE BLOCK CAPITALS

First Name	Surname	
Position	Speciality; eg RMN, RGN, CPN etc	Band
Client/Trust/Hospital/Organisation	Location/Ward/Unit	

Timesheet Number:

	Shift Induction/Orientation	Date	Start Time (24 hr clock)	Finish Time (24 hr clock)	Break	Hours Worked	Sleep In	Authorised Signature
Monday	YES/NO	DD/MM/YY						
Tuesday	YES/NO	DD/MM/YY						
Wednesday	YES/NO	DD/MM/YY						
Thursday	YES/NO	DD/MM/YY						
Friday	YES/NO	DD/MM/YY						
Saturday	YES/NO	DD/MM/YY						
Sunday	YES/NO	DD/MM/YY						



Suit 4
9 Romans Business Park
East Street
Farnham
Surrey
GU9 7SX.

Phone: 0333 123 4558
(open Weekdays 9am-5pm)
Fax: 01252 328 942
email: info@thirdhandcare.co.uk
WhatsApp: 07841024795

TOTAL HOURS WORKED	<input style="width: 95%; height: 95%;" type="text"/>
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Please attach relevant receipts to assist payment of expenses

CLIENT AUTHORISATION (MUST BE COMPLETED & SIGNED BY CLIENT REPRESENTATIVE)

Name:

Position held:

Signature:

Date:

TOTAL HOURS TO BE PAID - IN WORDS: (To be completed by client only)

TOTAL EXPENSES TO BE PAID: (To be completed by client only)
£

The above agency worker has satisfactorily worked the above shown hours. We agree to pay your account in accordance with the Terms of Business and understand that if we engage the agency worker permanently during or after this agreement we shall further agree to pay your Introduction Fee for permanent staff

If required, a further copy of our Terms of Business can be sent on request.

AGENCY WORKER ACKNOWLEDGEMENT AND CONFIRMATION OF HOURS

I confirm that I have worked for the above client on the stated date/s at the hours and grade indicated. I also confirm that this is the only timesheet to be submitted for the shift/s

Agency Worker signature

In order to ensure prompt payment, timesheets must be submitted within two weeks of completing your shift

Please keep a separate copy of this timesheet for your records

White copy to Third Hand Care, The yellow copy is to be kept by the client. Pink copy to temp.