

TIMESHEET

☐ induction completed

Please fill in the below in **BLOCK CAPITALS** and use black ink. WE CANNOT ACCEPT PHOTOS.

Candidate Full Name:	
Job Title:	Band:
Hospital Name:	Department:

	DATE	START TIME	FINISH TIME	LENGTH OF BREAK	HOURS WORKED	OVERTIME	REF.No./P.O.No.
MON	: :						
TUE	: :						
WED	: :						
THU	: :						
FRI	: :						
SAT	: :						
SUN	: :						
PLEASE USE HOUR CLOCK To ensure payment, this timesheet must be received no later than 12pm every Monday including during public holidays. We recommend that you keep a copy of all completed timesheets for reference.					TOTAL HRS	TOTAL O/T	GRAND TOTAL HRS

CANDIDATE I declare that the information on this timesheet is accurate and correct. If there is a dispute regarding the hours claimed above, the locum is liable to repay any extra hours unless they have been duly authorised by the client. I declare that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings.			
Agency Worker:		Position:	
Agency Worker Signature:		Date:	

To be completed by client:

Please rate the how the agency worker performed this week:	Poor	Average	Good	Excellent
Skills demonstrated in line with the position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time keeping and management of workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLIENT I am an authorised signatory for my department/organisation. I declare that the hours above have been worked by the Locum worker, and that I am authorising these hours for payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings.			
Client Name:		Position:	
Client Signature:		Date:	

All timesheets must be emailed to timesheets@awedaholisticcare.co.uk

Submission deadline is Monday 12pm including Bank Holiday

Note: Uncleared and blur timesheets will be rejected