

Name

Qualified Nurse HCA/Support Worker (√)

Week Ending (day/date) (Sunday's Date)

Place Worked

Nurses Friend North LTD TIMESHEET

Client Address (Please print legibly)

PLEASE WRITE CLEARLY. TIME SHEET NOT PROPERLY TOTALLED, SIGNED OR AUTHORISED WILL BE RETURNED UNPAID.

TO BE COMPLETED BY TEMP STAFF								TO BE COMPLETED BY AUTHORISED PERSON IN CHARGE			
DAY/DAT E	LOCATION (e.g. HOUSE UNIT CLIENT	TIME FROM	TIME TO	BREAK	TOTAL (HOURS WORKED MINUS BREAK)	TOTAL NIGHT SLEEP-IN DUTY CLAIMED	TOTAL BANK HOL DUTY CLAIMED	SIGNATURE INITIALS WILL NOT BE ACCEPTED	PRINT NAME	DATE	PO# If Applicable CODE
E.G. Sun 25/04/1	Beechwood	08:00	18:00	0.5	9.5	0	0	Signature	NAME PRINTED	25/04/12	0000000
MON											
TUE											
WED											
THUR											
FRI											
SAT											
SUN											
TOTALS											

TEMP STAFF DECLARATION (Must be completed in all cases)

I declare that the above information is correct and complete and that I have not made any other claim for the hours/shifts detailed on the timesheet. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

TEMP. STAFF SIGNATURE		Date	
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All Timesheet must be properly authorised before submitted to Nurses Friend North LTD
 Time sheets must be posted or Emailed to: Nurses Friend North , Universal Square, Suite 6B, 2nd Floor, Devonshire Street, Manchester M12 6JH - payroll@nursesfriendnorth.co.uk before **MONDAY 12PM**. Any time sheet received after **12PM on MONDAY** will only be paid the following week.