



Timesheet

Timesheets can be emailed to timesheets@temp37.com or posted to us. They must reach us by Monday 12pm to be paid that week.

For internal use only

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TIMESHEET No:

SECTION 1: Please write in BLOCK CAPITALS

Your Name

Client Name

Grade

SECTION 2: TIMESHEET (use the 24hr clock)

	DATE		ORDINARY TIME (Hrs/Mins)				WARD/UNIT	ADMIN/REFERENCE
			START	BREAK	FINISH	TOTAL HRS Excl. breaks		
Monday	/	/						
Tuesday	/	/						
Wednesday	/	/						
Thursday	/	/						
Friday	/	/						
Saturday	/	/						
Sunday	/	/						
TOTAL HRS Excl. breaks								

SECTION 3: AUTHORISATION

Nurse/HCA

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 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. I consent to this disclosure of information from this form to Temp37 Healthcare for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Name Signature

Speciality/Position Date

Authorised by: (senior member of staff)

I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of AgencyWorker and the hours/shift that I am authorising are accurate and I approve 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. I consent to the disclosure of the information from this form to Temp37 Healthcare for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Temp37 Healthcare's current terms of business. A standard introductory fee will be charged if the Nurse/HCA is taken on full time or engaged through a different agency.

Name Signature

Position Date