TIMESHEET

Please ensure that this timesheet reaches us by **Monday 12PM**.
FAILURE TO DO SO WILL DELAY PAYMENTS
Email: hrm@a-duke.co.uk
Phone Number: 01274986567
Website: www.a-duke.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 N0	AUTHORISING NAME	AUTHORISING SIGNATURE	Punctuality	Dress Code	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 ☐ No ☐
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: 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	**AGENCY STAFF NAME:**	DATE:
	SIGNATURE	JOB TITLE:
AUTHORIZED BY: *(SENIOR MEMBER OF STAFF)* 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 and the hours/shift that I am authorizing are accurate and I approve payment.	**AUTHORISED APPROVER NAME:**	DATE:
	SIGNATURE:	JOB TITLE: