

NURSE / AUXILLIARY NURSE TIMESHEET

If you email us a scan or photograph of your timesheet, please ensure that it is clear and with no shadows. Timesheets that are not clear will be rejected by payroll and will result in your payment being delayed.

First Name		Surname	
Job Title		P/O No: (office only)	
Client Name		Ward Name	

Please make sure to deduct your breaks when totalling your hours worked and please use the 24 hour clock. If no break was taken you must write NB in the break column and get it signed by a senior member of staff.

DAY	DATE	START	BREAK	FINISH	HRS (MINUS breaks)
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
Total Hours worked minus breaks					

Please ensure your timesheet is fully completed and received by us before Monday 10am to ensure payment in the same week. Failure to do so will result in your payment being delayed.

<p align="center">NURSE / AUXILLIARY NURSE</p> <p>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 any Templo Connection authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>	Name
	Signature
<p align="center">AUTHORISED BY: (SENIOR MEMBER OF STAFF)</p> <p>I am an authorised signatory of the above named client. I am signing to confirm that the agency worker has satisfactorily worked the hours/shift and that I am authorising and 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 and by any Templo Connection authorised body for the purpose of verification of this claim. I understand and agree to Templo Connection's Terms of Business and I am aware that a standard introduction fee will be charged if the worker is taken on full time or allowed to change agencies.</p>	Name
	Signature
	Position