



PLEASE COMPLETE USING BLACK PEN AND BLOCK CAPITALS.  
PLEASE RETURN BY E-MAIL (DO NOT POST) NO LATER THAN 10am

NOT VALID UNLESS SIGNED BY; HOSPITAL MANAGER, CLINICAL MANAGER,  
WARD MANAGER, HEAD OF CARE.

# TIMESHEET

T: 020 454 25505 or 075 478 99443  
E: timesheet@hrmind.co.uk

FIRST NAME:																				
SURNAME:																				
WEEK COMMENCING:			/			/														

DAY	DATE	START	FINISH	BREAK	TOTAL HRS (MINUS BREAK)	ROLE	WARD/ CLIENT/DEPT.	AUTHORISED SIGNATORY		DATE	REASON FOR OVERTIME
								FULL NAME	SIGNATURE		
MON											
TUES											
WEDS											
THURS											
FRI											
SAT											
SUN											

TOTAL HRS:  :  TOTAL HRS: (IN WORDS)

<p><b>DECLARATION BY TEMPORARY WORKER</b> I declare that the information on this timesheet 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 for prosecution and civil recovery proceedings. I consent to the</p>	<p><b>AUTHORISED BY CLIENT</b> We certify that the above mentioned temporary worker has attended for work at _____ at the stated times and to our satisfaction.</p>
<p>TEMPORARY WORKER'S NAME: _____</p> <p>SIGN: _____ DATE: _____</p>	<p>FULL NAME: _____ POSITION: _____</p> <p>SIGN: _____ DATE: _____</p>