



Tel: 0333 456 7876

ALL TIME SHEETS MUST BE SIGNED BY AN AUTHORISED MEMBER OF STAFF

WALES TIMESHEET

1. This timesheet must be fully completed by the temporary worker and authorised by an appropriate member of the Client's staff
2. A separate timesheet must be completed for each place of work for the week ending the Friday
- 3. TIMESHEET MUST BE RECEIVED IN THE OFFICE BY 12PM (MIDDAY) EACH MONDAY FOR PAYMENT ON THE FRIDAY**

4. Please notify the office each Friday for your forthcoming availability
5. Please refer to the company rules and policy for timesheet completion and submission
6. Ensure timesheet is submitted within 30 days of completion of shift
7. All timesheets need to be emailed to timesheet1@alliedandclinical.com

Name of Hospital/Client:	Location/Town:	
Name/type of ward:	Candidate Name:	Employee Number:
Assignment Grade/Band/Qualification:	Week ending Date (Sunday):	

Day	Date	Reference Number	Day/Night shift	Hours of work		Breaks deducted	Number of hours worked	Client signature. Print name & position	Feedback (From 1-5, 5 being excellent)					
				From	To				Punctuality	Documentation	Clinical Skills	Team Work	Re-hire	
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
Sunday														

AGENCY WORKER DECLARATION

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for any 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 disclosure of information from this form for the purpose of verification or investigation.

Signature: _____ Date: _____

AUTHORISED SIGNATORY DECLARATION

By signing this form, you confirm that you are an authorised signatory for the ward/unit/department that the worker named on this time sheet has worked. Your signature confirms that the job profile, band and hours that have been entered and authorised are accurate. You are also aware that knowingly providing false information may result in prosecution and civil recovery proceedings.

Signature: _____ Date: _____

Can you confirm the hospital induction was completed on arrival Yes No

If No, has induction previously been conducted ? If no please specify