



TIMESHEET

PLEASE ENSURE THAT ALL SECTIONS ARE CORRECTLY FILLED BEFORE SIGNING

Staff Name:	Client Name:
Week Commencing:	Address:

DAY	DATE	START TIME	FINISH TIME	BREAK	HOURS DAY	HOURS NIGHT	Ward/ Dept	Grade	Clients Initial	Nurses Signature
SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										
TOTAL HOURS EXCLUDE BREAKS										

I confirm that the information of hours is correct and agreed for payment

TOTAL HOURS (In Words)	
AUTHORISED SIGNATURE:	NAME: (Please print)
POSITION HELD:	DATE:

Staff in charge Full Name:

Staff in charge Signature:

Date:

I am authorised signatory for my ward, department/ Nursing home/ Residential Home. I am signing to confirm that the job profile, title and band of agency worker and the hours that I am authorising are accurate and I approve payment. I understand that if I knowingly provides false information this may result in legal action and I may be liable for prosecution and civil recovery proceedings.

Name of Worker: (print) **Signature of worker:**

Date:

I declare the information is correct and if I knowingly provide false information I may be prosecuted for fraud and civil recovery proceedings.

No Signed Time Sheet no pay.

Head Office

Bluezone Children Short Break Services. Office 104, First Floor Devonshire House, Aviary Court, Wade Road Basingstoke, RG24 8PE