

SECTION 1: Please write in PEN.



# TIMESHEET

Please Email your Timesheets to [payroll@yournurse.co.uk](mailto:payroll@yournurse.co.uk)  
Before Tuesday 09:00 am to be processed that week

Your Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Band: \_\_\_\_\_ Job Role: \_\_\_\_\_

On Completion of your first shift at any Trust/Client, you will need to get the feedback form completed and returned [Compliance@yournurse.co.uk](mailto:Compliance@yournurse.co.uk) or your consultant.

SECTION 2: TIMESHEET (Please use the 24hr clock)

Induction Completed Date :

Date of shift		Working Time (Hrs:Mins)				Ward/unit (Required)	Reference (if applicable)	Client Appraisal	Signature Approval	Signature Approval Name
DAY	DATE	START	FINISH	BREAK	TOTAL HRS Excl. breaks					
Monday	/ /						1 2 3 4 5			
Tuesday	/ /						1 2 3 4 5			
Wednesday	/ /						1 2 3 4 5			
Thursday	/ /						1 2 3 4 5			
Friday	/ /						1 2 3 4 5			
Saturday	/ /						1 2 3 4 5			
Sunday	/ /						1 2 3 4 5			
TOTAL HRS Excl. breaks										

**NOTE TO TEMPORARY WORKER:**  
can you ensure that you ask the authorising signatory to complete the Induction and shift appraisal.  
Please circle: 1 = Poor 2 = unsatisfactory 3 = Satisfactory 4 = Good 5 = Excellent

SECTION 3: AUTHORISATION

Temporary worker

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 and by any **Your Nurse Limited**, authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that induction and orientation training and fire safety has been provided by the client.

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Speciality/Position \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: (senior member of staff)

I am an authorised 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 authorising are accurate and I 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 **Your Nurse Limited**, authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I understand and agree to Your Nurse Ltd.'s current terms of business. A standard introductory fee will be charged if the temporary worker is taken on full time or engaged through a different agency. **Note to client:** Please can you ensure that you appraise the performance of the candidate using the client shift appraisal above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_