

SECTION 1: Please write in PEN



TIMESHEET

Timesheets can be emailed to payroll@yournurse.co.uk
They must reach us by Tuesday 09:00am to be paid that week

Your Name: _____

Client Name: _____

Band: _____ Job Role: _____

On Completion of your first shift you must complete a feedback form for all clients/trusts you have been assigned to and return this to Info@yournurse.co.uk or you Consultant

SECTION 2: TIMESHEET (use the 24hr clock)

Date of shift		Working Time (Hrs:Mins)				Ward/unit	Reference (if applicable)	Induction delivered	Client Shift Appraisal	Signature Approval
DAY	DATE	START	FINISH	BREAK	TOTAL HRS Excl. breaks					
Monday	/ /						YES / NO	1 2 3 4 5		
Tuesday	/ /						YES / NO	1 2 3 4 5		
Wednesday	/ /						YES / NO	1 2 3 4 5		
Thursday	/ /						YES / NO	1 2 3 4 5		
Friday	/ /						YES / NO	1 2 3 4 5		
Saturday	/ /						YES / NO	1 2 3 4 5		
Sunday	/ /						YES / NO	1 2 3 4 5		
TOTAL HRS Excl. breaks							NOTE TO TEMPORARY WORKER: Please can you ensure that you ask the authorising signatory to complete the Induction and shift appraisal. Please circle as applicable: 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: _____