

No Correction fluid should be used on this timesheet



Workers Name (print) Name: _____ Worker No: _____ Job Title/Specialisation: _____	Client Details (complete name and address) Organisation: _____ _____ _____
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Timesheet No. _____

Any incomplete or illegible timesheets will result in the form being returned to the agency worker and delay in payment

Client declaration, approval of hours and payment

I am an authorised signatory for my ward/department of the Hirer. I am signing to confirm that the Job Profile Title and Band of Nurse 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 information from this form to and by the Hirer in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. By signing this timesheet you are confirming acceptance of Servoca Nursing and Care Limited terms and conditions. Hours are charged to the nearest quarter, unless otherwise agreed in writing. In the event of any workers are employed on a permanent basis after being introduced by Servoca Nursing and Care, the Hirer will pay a fee based on 20% annualised Remuneration paid to the worker.

Please use 24-hour clock and enter reference numbers where applicable											SLEEP IN			
Day	Date	Start Time	Finish Time	Break Start Time	Break Finish Time	Total Hours Worked	Reference Number	Client Signature	Client Print Name	Date Signed	Start Time	Finish Time	Waking Hours	Total Time
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														

Total hours worked:

Total number of hours worked (written in words): _____

Workers declaration and confirmation of hours

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 termination of assignment and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Hirer for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Also, by signing this timesheet I can confirm that I am in good health and fit to practice.

PRINT NAME:	SIGNED:	DATE:	
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