




TIME SHEET

PLEASE COMPLETE TIME SHEET AND EMAIL OR POST TO THE OFFICE BY MONDAY 12 PM

Employee Name:		Client Name:	
Grade:	Week Commencing Monday:	Clients Address:	

Day	Date	Start Time	Break	Finish Time	Total Paid Hours	Clients Authorised Signature		
						Sign	Print	Position
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

<p>I confirm that this completed timesheet is a true and correct statement of hours worked.</p> <p>If a registered nurse, I have carried out my work following NMC Guidelines 'Code of Professional Conduct' and the 'Scope of Professional Practice and Standards for the Administration of Medicine'</p> <p>Staff Signature.....</p>	<p>I confirm that the above hours have been successfully worked by the staff named above. I am the authorised member of the organisation for which I am confirming the above hours. The hours worked and expenses will be paid in accordance with our terms of business.</p> <p><i>We welcome your views about our service</i></p> <p>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p> <p><i>Or send us your feedback on address below</i></p>
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