

Email to: [timesheets@staffnursing.co.uk](mailto:timesheets@staffnursing.co.uk)  
no later than 10am Friday

# Staff Nursing Limited

## Weekly Timesheet

Enquiries:  
Gen Office: 028 9074 5481  
Shifts: 028 9074 4356  
Accounts: 028 9562 2210

Mail to:  
44 York Road  
Belfast  
BT15 3HE

### To be completed by Temporary Worker

All sections of this timesheet MUST be completed and an authorised signature placed against each shift worked and be returned before 10am on Friday. Failure to do this will result in payment not being processed. It is the responsibility of the Temporary Worker to return their timesheet on time for payment.

**White Copy to Staff Nursing, Yellow Copy to Client, Blue Copy for your Records**

Temporary Worker's Name: \_\_\_\_\_ **TEMP NUMBER:** \_\_\_\_\_ (Accounts to complete)

Client's Name: \_\_\_\_\_

Job Title:      RN I-C (in-charge of Home/Ward)                      RN                      Care Assistant                      Senior Carer                      Domestic/Kitchen Assistant

DAY	DATE	START TIME	FINISH TIME	UNIT	HOURS TO BE PAID (Minus breaks)	AUTHORISED SIGNATURE (Client's Representative)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

I certify that I have carried out the above detailed work: \_\_\_\_\_ Signature of Temporary Worker

We, the Client, certify that the total hours shown above are TRUE AND CORRECT and we agree to be invoiced accordingly by Staff Nursing Ltd. If we, should at anytime, employ the above staff member we acknowledge that the Introduction Fee will be payable based on the scale of fees in force at that time. We also acknowledge that we have read and agree to the Terms and Conditions of Business of Staff Nursing Ltd.

*Thank you for using Staff Nursing for your vacancy. Your business is gratefully appreciated.*