

Email to:
timesheets@staffnursing.co.uk

Staff Nursing Limited

General office:
0289074 5481



Emergency Timesheet

Accounts ext: option 4

Prior to our Monday deadline each week, all timesheet sections must be accurate for payroll and authorised by the home. If the timesheet is not signed, the hours will not be paid.

Temporary Worker's Name: _____

Client's Name: _____

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

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

I certify the above shifts have been completed: _____ *Signature of Temporary Worker*

We, the Client, certify that the total hours shown above are accurate 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.