

Email to: 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:
Lanyon Annex 3rd
Floor, 14 North
Derby Street
Belfast BT15 3HN

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) 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 any time, 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.