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HEALTH AND MEDICAL RECRUITMENT SERVICES

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CANDIDATE DETAILS							CLIENT'S DETAILS			
First Names _____							Client's Name _____			
Surname _____							Address _____			
Grade _____							Post Code _____			
Speciality _____							Phone No: _____			
							COMPETE FOR ON CALL HOURS ONLY			
	Date	Start Time	Finish Time	Break Deduction	Bank Hoilday Hrs	Total Hours Workerd (Minus Break	Booking No	On Call Start Time	On Call Finish Time	Total On Call Hours Workerd
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Completed and signd timesheet must be returned to Central Staffing on or before 2:00pm on Mondays by email, by hand or post to ensure payment process for same							Total		Total	
Candidate Signature: _____ Date: _____							Authorised Member of Staff Name: Authorised Member of Staff Signature: _____ Date _____			
I declare that the information I have given on this form is correct and complete and that I have not calmed extra for the hours/shift details on the timesheet							I am an authorised signatory at the above named organisation. I agree to abide by Central Staffing Teams and Condition as agreed by us prior to the commencement of this assignment. I confirm that the staff name /band and hours on the timesheet are correct and 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 also recovering proceedings I consent to the disclosure of information from this form to by Central Staffing for the purpose of vrification of claim and the investigation, preventions, detections and prosecution of fraud.										