

# Healthcare Timesheet

Healthcare phone number: 02890 720104  
Healthcare fax number: 08708 896948

TO BE COMPLETED BY THE EMPLOYEE:

First Name (BLOCK CAPITALS):			Client Name/Hospital:	
Surname (BLOCK CAPITALS):			Location/Site/Ward:	
Payroll Number:		Band/Grade:	Cost Centre:	
Job Title:			PO Number/Booking Ref:	

Affix Barcode  
label here

FOR THE WEEK COMMENCING:     /     /

PLEASE ENSURE A SEPERATE TIMESHEET IS COMPLETED FOR EACH SHIFT WORKED

	Date			Start Time (24 Hour Clock)		Break (to be deducted)		Finish Time		Total Hours (after break deduction)	
Mon			/		:		:		:		:
Tues			/		:		:		:		:
Wed			/		:		:		:		:
Thurs			/		:		:		:		:
Fri			/		:		:		:		:
Sat			/		:		:		:		:
Sun			/		:		:		:		:

I confirm that I have worked the above hours. Signature of worker: \_\_\_\_\_ Date:     /     /

Weekly Total Hours  
\_\_\_\_\_ : \_\_\_\_\_

TO BE COMPLETED BY THE CLIENT:

Approver's Name (BLOCK CAPS):	Approver's Position/Title:
Signature:	Date: / /

<i>Driving &amp; Logistics</i>	<i>Office Personnel</i>
<i>Sales &amp; Marketing</i>	<i>Public Sector</i>
<i>Production &amp; Warehouse</i>	<i>Technical &amp; Engineering</i>
<i>IT &amp; Technical</i>	<i>Healthcare</i>
<i>Manufacturing</i>	<i>Hospitality</i>

APPROVERS DECLARATION: I confirm that the hours shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid in accordance with the terms that have been agreed. I am duly authorised by the principal to your contract to agree to be bound by your terms and conditions of business or the terms that govern this supply if different. Any order number or references that are required will be noted by me in the relevant boxes on this timesheet, and I confirm that my failure to provide this information will not be deemed as a failure by Premier People NI to obtain such information. Any such failure will also not result in the delay in payment of any invoice relating to this timesheet. I also confirm that if necessary I have taken a copy of this timesheet in order to comply with any invoice approval policy we may have.