

| | | | |
|------------------------|--------|--|------------|
| Name (please print) | | | |
| W/E Date | Sunday | | |
| Pay No | | | |
| Client Name | | | Department |
| Location | | | |
| Ward/Unit | | | |
| Report to | | | Tele no |



TIMESHEET – HOURS WORKED (HEALTHCARE)

Return to your Search Issuing Office by 9.00 am Monday to ensure payment this week. Please exclude any break times when calculating your Total Hours worked. You must complete separate timesheets for each Client.

| DAY | DATE | WARD | Start 24 hour | Break | End 24 hour | Total days hours | Total night hours | Total sleeps | Authorised on behalf of the client | |
|-----------------------------------|------|------|---------------|-------|-------------|------------------|-------------------|--------------|------------------------------------|------------|
| Monday | | | | | | | | | Signature | Print name |
| Tuesday | | | | | | | | | Signature | Print name |
| Wednesday | | | | | | | | | Signature | Print name |
| Thursday | | | | | | | | | Signature | Print name |
| Friday | | | | | | | | | Signature | Print name |
| Saturday | | | | | | | | | Signature | Print name |
| Sunday | | | | | | | | | Signature | Print name |
| Total Hours excluding break times | | | | | | | | | | |

I confirm that I have worked the hours

as stated above Temporary Worker's

Date

signature

TO BE COMPLETED AND AUTHORISED BY CLIENT

IT IS HEREBY CERTIFIED THAT THE HOURS SHOWN ARE CORRECT AND THAT THE WORK WAS PERFORMED SATISFACTORILY AND IN ACCORDANCE WITH THE WORK SPECIFICATION, WHICH INCORPORATES THE TERMS AND CONDITIONS OF BUSINESS OF SEARCH CONSULTANCY LIMITED. THE PURCHASE ORDER NOTED BELOW IS THE VALID NUMBER FOR THIS ASSIGNMENT.

Purchase Order No

Print name

Signed

Title

Date