

TIMESHEET



In order for payments to be processed, this timesheet must be returned by Monday 12.00. Timesheets can be emailed or posted to the details provided below. Please fill in timesheet using a **BLACK BALLPOINT** pen.

Candidate Name	Client Name
Employee Number	Address
Week Commencing DD/MM/YY	
Grade / Band	Name of Ward

DAY	Date DD/MM/YY	Start Time	Finish Time	Break Time	Hours Worked	Booking Reference	Authorised Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							
Total Payable Hours (Exc. Breaks)							

Rates may vary for Day and Night, Weekends and Bank Holiday shifts, which are set by individual clients. Please check with Primus Nursing before accepting any work.

I am authorised to sign the form to confirm that all the information on the timesheet is accurate at the time of signing. I understand that if I authorise any inaccurate information on the timesheet, I could be liable for any disciplinary actions that may occur, which can result in prosecution to recover any losses caused by Primus Nursing. Any discrepancies will also be reported to the NHS Counter Fraud and Security Management Service for investigation.

Print Name Candidate Signature

Date

CLIENT'S FEEDBACK

	Poor	Satisfactory	Good	Excellent	Can't Comment	Comment
Reliability & Puncuality						
Clinical Competence						
Appearance						
Attitude to Work						
Quality of Documentation						
Overall Performance						

Induction conducted at site Yes

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Print Name Client Signature

Date

PLEASE SIGN AND RETURN A COPY TO PRIMUS NURSING. A COPY TO BE KEPT BY THE CANDIDATE AND A COPY TO BE KEPT BY THE CLIENT.