



ANDREWJON'S RECRUITMENT SOLUTION
 251 FULHAM COURT, FULHAM, LONDON, SW6 5QE

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Staff Timesheet

Time Sheet must be either faxed, emailed, posted or hand delivered to our Fulham office by **10PM Every Monday** in order to facilitate payment on the following Friday. Please note that payroll week's runs from Monday to Sunday and timesheets received by cut-off time will be paid in the week after the work was performed.

| Client Details | | Staff Details | |
|-----------------|------------|----------------------|----------|
| Client Name: | | Title: | Surname: |
| Ward/Unit: | | First Name: | |
| Client Address: | | Middle name: | |
| | Post Code: | Qualification/ Post: | |

Please Note:

Day, Night, Saturday, Sunday and Bank holiday rates may vary from client to client. Please check with Andrewjon's LTD before accepting shift(s).

| Shift Details | | | | | | | | | |
|---------------|---------------------|-----------------|------------------|-----------------|------------|-------------|---------------|---------------|------------------|
| Day | Date: e.g. 01/01/05 | Start e.g.08.00 | Finish e.g.20:00 | Number of Hours | Break Time | Time worked | Grade or type | Authorised by | Booking Referral |
| Mon | | | | | | | | | |
| Tue | | | | | | | | | |
| Wed | | | | | | | | | |
| Thu | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |

| | | | | | | | |
|-----------|-----|-----|-----|-----|-----|-----|-----|
| Total Hrs | | | | | | | |
| Millage | Mon | Tue | Wed | Thu | Fri | Sat | Sun |

| | |
|--|--|
| Total pay Hours in Words (Excluding Breaks) | |
|--|--|

Approved Signatory

I am an authorised signatory for this Customer. I am signing below to confirm that the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Signed by:.....PRINT NAME:Date:.....

Staff Working

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/days detailed on this timesheet. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Signed by:PRINT NAME:Date:.....