



Timesheet

PH Staffing Ltd

Web: www.phstaffing.co.uk

STAFF NAME/ ROLE:

CARE HOME NAME/ BUSINESS UNIT:

WEEK ENDING:

DAY	DATE	START TIME	FINISH TIME	BREAK	SLEEP IN YES/NO	TOTAL	CLIENT SIGNATURE
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
WEEKLY TOTALS							

ALL HOURS MUST HAVE BREAKS DEDUCTED.

EMPLOYEE declaration and confirmation of hours

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/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in termination of assignment, and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Hirer for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud. By signing this timesheet, I can confirm that I am in good health and fit to practice. Door to door cancellation will be paid as fuel allowance only.

Print Name: Signed: Date:

CLIENT declaration, approval of hours and payment

I am an authorised signatory for my ward/unit/department of the Hirer. I am signing to confirm that the Job Profile Title and Band of Nurse and the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information, I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Hirer in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. By signing this timesheet, I am confirming acceptance of PH Staffing Limited Terms and Conditions. Hours are charged to the nearest quarter, unless otherwise agreed in writing. In the event of any workers are employed on a permanent basis after being introduced by PH Staffing, the Hirer will pay a fee based on 20% annualised Remuneration paid to the worker.

Print Name: Signed: Date:

TIMESHEETS MUST BE SUBMITTED TO WHATSAPP NUMBER 077 21943 546 and timesheet.phstaffing@gmail.com LATEST BY MONDAY 9AM - FAILURE TO DO SO MAY RESULT IN LATE PAYMENT OF WAGES.