## Ambition 24 hours

Head Office: Sentinel House • 16-22 Sutton Court Road • Sutton • Surrey SM1 4SY South of England Bookings Tel: 08707 502 502 (Available 24 hours a day) North of England Bookings Tel: 08707 557 557 (Available 24 hours a day) Fax: 08717 506 302 Payroll Enquiries: 08707 599 599 (after 1pm)

|   |                             |                          |                           | me She  | et         |              | 12            | 6031                                      |  |
|---|-----------------------------|--------------------------|---------------------------|---|------------|--------------|---------------|---|--|
| This must be posted or handed to our branches to arrive by 12pm on Monday, in order to facilitate |                             |                          |                           |   |            |              |               |   |  |
| pt payment.   |                             |                          |                           |   | Week       | Week-ending: |               |   |  |
| Please press firmly with a ball point pen   |                             |                          |                           | Order Number:   |            |              |               |   |  |
| Nurses Name Code A  |                             |                          | \                         | Employee Number:  |            |              |               |   |  |
| Name of Ward Branch Registered:   |                             |                          |                           |   |            |              |               |   |  |
| Qualifications/Post   |                             |                          |                           |   |            |              |               |   |  |
| Hospital/home ATIA METOKITI HOSPITAL  |                             |                          |                           |   |            |              |               |   |  |
| Address: COSPO KT   |                             |                          |                           |   |            |              |               |   |  |
| Tel:  |                             |                          |                           |   |            |              |               |   |  |
| Details of Assignment   |                             |                          |                           |   |            |              |               |   |  |
| DAY   | DATE<br>e.g. 1/7            | START TIME<br>e.g. 08:00 | FINISH TIME<br>e.g. 16:00 | NUMBER OF<br>HOURS  | BREAK TIME | TIME WORKED  | GRADE OR TYPE | AUTHORISED BY                             |  |
| Mon   | 1                           |                          |                           | 4   |            |              |               | 11  |  |
| Tues  |                             |                          |                           |   |            |              |               |   |  |
| Wed   |                             |                          |                           |   |            |              |               |   |  |
| Thurs   |                             |                          | -                         |   |            |              |               |   |  |
| Fri   |                             |                          |                           | - X   |            |              |               |   |  |
| Sat   | 42030                       | TO7:30                   | 1                         | de la companya de la |            |              | n.            | 100                                       |  |
| Sun   |                             |                          |                           | 7.  |            |              |               |   |  |
| Total Hrs   |                             |                          |                           |   |            |              |               |   |  |
| Mileage   |                             |                          |                           |   |            |              |               |   |  |
| Total Pay Hours In Words (Excluding Breaks)   |                             |                          |                           |   |            |              |               |   |  |
| in accordar<br>within six of  | nce with you<br>calender mo | ur terms of              | Business & terminatio     | understand  | that if we | engage the   | applicant p   | our account<br>permanently<br>to pay your |  |
| A copy of our terms of Business will be sent on request.  |                             |                          |                           |   |            |              |               |   |  |
| AUTHORISED BY: Code A PRINT NAME:   |                             |                          |                           |   |            |              |               |   |  |
| POSITION HELD: DATE:  |                             |                          |                           |   |            |              |               |   |  |
| Licensed by Local Authorities.  |                             |                          |                           |   |            |              |               |   |  |

A Division of Ambition Recruitment Services Ltd. Please sign and return the white, pink & green copies to Ambition. The yellow copy is to be kept by the client. Blue copy to temp.

Recruitment & Employment Confederation