

**Marking Instructions**

Using black or blue ink, please write CLEARLY and CAREFULLY inside the boxes using BLOCK CAPITALS, like this

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0



**Nestor Healthcare Staffing**

Y0000122

**Client / Hospital**

G O S P O R T W A R M E M O R I A L

**Surname:**

**Forenames:**

Code A

**Member / Payroll No:**

5609747

**Home Post Code:**

5031 Code A

**Qualification:**

MCSL

Only Use One Qualification Relevant to Work

**Ward / Unit**

S U L T A N

**Client / Hospital Address**

G W M M A N N S M I L L R O A D G O S P O R T, M A N T S

**Client Internal Timesheet No:**

[Empty boxes for Client Internal Timesheet No]

**Shift Code:** 1 = General 2 = Geriatric 3 = Psychiatric 4 = Specialist 5 = Sleeper Shift 6 = On Call Shift 7 = Call Out 8 = Sitter Shift 9 = Acute & Primary 0 = Acute Child Specialist A = ICU B = Renal C = Midwifery In Charge  Y  N

Day	Date Month	Year	Hours Worked		Meal Break		Meal Break		Total Hours Claimed	Grade	Shift Codes See Above	Booking Reference Number	Ward Signature	Financial Code (Client use only) or Ward Stamp
			Start	Finish	Start	Finish	Hrs	Mins						
21	06	05	20	15	01	00	02	30	1000	A	61	1348517	Code A	

Total Miles  Total Claimed £  Expenses Claimed £  Hours 10 Minutes 00 Total Hours Claimed

**CLIENT AUTHORISATION (MUST BE COMPLETED)**

**TOTAL HOURS TO BE PAID - IN WORDS**

(To be completed by Client only) - DO NOT USE HYPHENS BETWEEN WORDS

HOURS TEN HOURS MINUTES

Please give your comments including the persons clinical performance during the shift(s)

Please  Very Satisfactory  Satisfactory  Unsatisfactory

If unsatisfactory, please contact the local branch to discuss training needs.

\* It is the responsibility of the Member to ensure this timesheet is correct and complete before leaving the client.  
\* Timesheets must be submitted within two weeks of completing shift.

Agency Member Signature  
Code A

- Please Check the Following
- The shift details claimed on this timesheet are correct.
  - The total hours claimed are correct and the breakdown of those hours are correct.
  - Do you need an internal timesheet?  YES
  - Your timesheet has been signed by an authorised person in the Client Authorisation box.
  - You have stated the ward/unit worked on.

Date: 22 06 05

Name: VALERIE WEBB

Position: SSN

Signature: Code A

Client Copy