

**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



C8339213



Client / Hospital

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

Surname:

Forenames:

Code A

Ward / Unit

S U L T A N

Member / Payroll No:

6 1 4 2 9 7 0

Home Post Code:

R 0 6 3 R G

Qualification:

A GRADE

Only Use One Qualification Relevant to Work

Client / Hospital Address

[Redacted Address]

Client Internal Timesheet No:

[Redacted 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		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	
	Month	Year	Start	24hr Clock Finish	Start	24hr Clock Finish	Hrs	Minis							
1	2	05	05	2	05	07	45	00	01	01	30	1	03	1269054	Code A

Total Miles  Total Claimed £  Expenses Claimed £  Hours  Minutes  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  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.

- 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.

\* 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

Date: 1 3 0 5 0 5

Name: VAL WEBB

Position: SSN

Signature: Code A Client Copy