

Marking Instructions

Using black or blue ink, please write CLEARLY and FULLY 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



grosvenor
NURSING

Mayfair
SPECIALIST NURSES

Nestor Healthcare Staffing

Y0020301

Client / Hospital

GOSPORT WAR MEMORIAL

Surname:

W A L E S

Forenames:

T R A C E Y

Ward / Unit

DAEDLUS

Member / Payroll No:

5045401

Home Post Code:

P012 2LL

Client / Hospital Address

GWH

Qualification:

RGN

Only Use One Qualification Relevant to Work

Shift Code:

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

Client Internal Timesheet No:

[Empty boxes]

Day	Date Month	Year	Start	Hours Worked 24hr Clock	Finish	Start	Meal Break 24hr Clock	Finish	Meal Break Hrs	Mins	Total Hours Claimed	Grade	Shift Codes See Above	Booking Reference Number	Ward Signature	Financial Code (Client use only) or Ward Stamp
07	07	05	03	00	04	00	01	00	1	00	1000	D	02	1387332	[Signature]	

Total Miles [] Total Claimed £ [] Expenses Claimed £ [] Hours [] Minutes [] Total Hours Claimed []

* 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

CLIENT AUTHORISATION (MUST BE COMPLETED)

- 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.

TOTAL HOURS TO BE PAID - IN WORDS
(To be completed by Client only) - DO NOT USE HYPHENS BETWEEN WORDS

HOURS TEN HOURS ONLY
MINUTES ~~THIRTY~~

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.

Date: 080705
Name: PM KNIGHT
Position: SN
Signature: [Signature] **Code A**

Client Copy