

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

+ BNA The British Nursing Association grosvenor NURSING Mayfair SPECIALIST NURSES Nestor Healthcare Staffing

Y0145465 +

Client / Hospital

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

Ward / Unit

D A E D A L U S

Client / Hospital Address

Surname:

Forenames:

Code A

Member / Payroll No:

6142990

Home Post Code:

P06 Code A

Qualification:

A GRADE

Only Use One Qualification Relevant to Work

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

Table with columns: Day, Date Month, Year, Hours Worked (Start, Finish), Meal Break (Start, Finish), Total Hours Claimed, Grade, Shift Codes, Booking Reference Number, Ward Signature, Financial Code.

Total Miles Total Claimed £

Expenses Claimed £

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)

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.

Date: 170605

Name: N. LETLATSA

Position: SW

Signature: Code A

Please Check the Following

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

Client Copy