## SOH502085-0001

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NII	THORNE ursing Se		License Commission for Soc		SHEET	
FAX: 0117 923 9229 E-MAIL: payroll@tnsltd.com NO VAT No. 546999						
Name and Address of Client	Quals. Worked		ent on the overall performance e during the shift ()	Client Initial here if booked at specialist rate Client Signature Client Signature		
Hospital , MANTS	RGN	Excellent Very Good		Client Signature		
Ward or Unit	RMN/RNMH MIDWIFE	Good Average Below Avera		Date 91/4/05		
Name of Nurse	EMN/ENMH	If you would	l like us to contact you e above please tick	The work described below has been carried out to satisfaction. Start time and finish time were as no	ted below.	
Code A	E/N	Name:		Expenses miles		
W7892	AUX ON CALL	Contact No.: NIGHT SIT	A Contraction of the second	First part of Postcode from which journey started		
DAY DATE START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONL' B P1 P2	BH PLEASE NOTE: - BREAKS Unless otherwise stated on this	timecheet	
SAT 09.04. 09.00 1	3.30	15		for shifts up to 6 hours in length deducted. For shifts of 6-6½hrs, For shifts 6½-9hrs, 30 minutes.	for shifts up to 6 hours in length no break is deducted. For shifts of 6-6½hrs, 15 minutes. For shifts 6%-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr.	
NOTES Thomber age	Nurse's Signature	Or as agreed between Agency and Client.				
NURSES: All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Top 2 copies to be returned to office, leave back copy with client.			Code A			
Thornbury Nursing Services Ltd. Company Number 04	and states and	NMC PIN	and the second second	BILLES THE		

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