

Please email your timesheets to accounts@practicalstaffing.co.uk

Timesheets must be emailed to our office by 10:00am Monday each week for payroll to facilitate payment on Friday by 16:00

Staff Name		JOB TITLE: NURSE
CLIENT/ COMPANY NAME:	UCLH - AMC/ CORA2	CLIENT REFERENCE:
CLIENT/ COMPANY ADDRESS		
PO Number:		

SHIFT ENTRY

Day	Date	Hours worked		Break	Total Hours
		Start	Finish		
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

CLIENT AUTHORISATION (MUST BE SIGNED AND COMPLETED BY CLIENT / CLIENT REPRESENTATIVE)

Name:		Total hours:
Position Held:		Date:
Signature:		

I confirm the above named worker has satisfactorily worked the above shown hours. We agree to pay your account in accordance with the Terms of Business and understand that if we engage the agency worker permanently during or after this agreement we shall further agree to pay your introduction fee for permanent staff

I also confirm the agency worker has received induction and orientation training in accordance with contractual requirements.

Agency worker acknowledgement and confirmation of hours:

I confirm I have worked for the above client on the stated dates at the hours and grade indicated. I confirm I have received induction and orientation training in accordance with clients requirements.

Signature: _____



