

Please email your timesheets to [accounts@practicalstaffing.co.uk](mailto: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

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

**SHIFT ENTRY**

Day	Date	Start	Hours worked	Finish	Break	Total Hours
SATURDAY						
SUNDAY						

**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: \_\_\_\_\_



