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## TIMESHEET induction completed

Please fill in the below in BLOCK CAPITALS and use black ink. WE CANNOT ACCEPT PHOTOS. **Candidate Full Name:** Job Title: **Band: Hospital Name: Department:** LENGTH OF **HOURS** START TIME FINISH TIME DATE **OVERTIME** REF.No./P.O.No. BREAK WORKED **MON** TUE WED THU FRI **SAT SUN** PLEASE USE HOUR CLOCK TOTAL HRS TOTAL O/T GRAND TOTAL HRS To ensure payment, this timesheet must be received no later than 12pm every Monday including during public holidays. We recommend that you keep a copy of all completed timesheets for reference. **CANDIDATE** I declare that the information on this timesheet is accurate and correct. If there is a dispute regarding the hours claimed above, the locum is liable to repay any extra hours unless they have been duly authorised by the client. I declare that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. **Position:** Agency Worker: Agency Worker Signature: Date: To be completed by client: Please rate the how the agency worker performed this week: Poor Good **Excellent** Average Skills demonstrated in line with the position Time keeping and management of workload Reliability Communication Skills Punctuality Organisation Skills CLIENT I am an authorised signatory for my department/organisation. I declare that the hours above have been worked by the Locum worker, and that I am authorising these hours for payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. **Client Name:** Position: **Client Signature:** Date:

Upload all Timesheets on the Timesheets Upload Page (www.care2victory-services/resources-portal)

Submission deadline is Monday 12pm including bank holiday

Note: Uncleared and blur timesheets will be rejected