Timesheet

If you require any assistance completing your timesheet, please contact payroll ☎ 0330 153 8338 ✉ timesheets@nurslink.co.uk

NursLink

Staff Name			
Staff Address		**Client Name**	
		Client Address	
Qualifications			
Department/ Ward			

Staff Evaluation (For Client Use)

Please rate as: Excellent (E); Good (G); Average (A); Poor (P); Very Poor (VP)

Suitability for assignment		Professional Competency		Timekeeping	
Personal Presentation		Flexibility & Adaptability		Ability to work with others	
Communication skills		Records Management		Organisation skills	

Authorised Signature:

USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS. TIMESHEETS MUST BE SUBMITTED TO PAYROLL BY 4PM ON TUESDAY OF EACH WEEK FOR PAYMENT

	Date (DD/MM/YY)	Shift Time Worked Please use the 24- hour clock			Total Hours	Reference Number	Grade	Manager Signature
		From Hrs 00:00	To Hrs 00:00	Break				
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								

CANDIDATE DECLARATION

I declare that the information I have given on this form is correct and complete and 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 NursLink ceasing to offer me further assignments and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the health body (or otherwise) and NHS Protect (or otherwise) or other relevant organisation for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by the client.

Full Name		**Signed**	
Position		**Date**	

CLIENT AUTHORISATION

I am an authorised signatory for my ward/department/NHS Body or other relevant organisation. I am signing to confirm that the above-named person worked the hours/ sessions at the grade specified above. I confirm that their duties were carried out to an acceptable standard and that we have read and accepted your terms of business. We agree to pay any invoices raised because of this timesheet. If required, this shift has been authorised online.I understand that if I knowingly provide false information, this may result in disciplinary action, and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the health body (or otherwise) and NHS Protect (or otherwise) or other relevant organisation for the purpose of verification of this claim and the investigation.

Full Name		**Signed**	
Position		**Date**	

Timesheet no.