TIMESHEET

First Name		Surname	
Job Title		P/O No: (Office only)	
Client Name		Ward Name	
Client Address		Week Ending Date. (Sunday date)	

If you email us a scan of your timesheet, please ensure that it is clear and with no shadow.
Timesheets that are not clear will be rejected by payroll and will result in your payment being delayed.

Please ensure your timesheet is fully completed and received by us before Monday 10am to ensure payment in the same week. Failure to do so will result in your payment being delayed. Please email your scanned timesheets to:
bookings@kennoreshealthcarerecruitment.com

Please make sure to deduct your breaks when totalling your hours worked and please use 24 hours clock. If no break was taken you must write NB in the break column and get it signed by a senior member of staff.

DATE	DAY	START	BREAK	FINISH	Total HRS Less breaks	Client Signature
	MON					
	TUE					
	WED					
	THURS					
	FRI					
	SAT					
	SUN					

TOTAL HOURS WORKED MINUS BREAKS :

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 disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this timesheet to any Kennores Healthcare authorised body for the purpose of verification of the claim and the investigation, prevention, detection and prosecution of fraud.

CANDIDATE SIGNATURE :

DATE :

I am authorised signatory of the above named client. I am signing to confirm that the agency worker has satisfactorily worked the hours/shift and that I am authorising and approve 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. I consent to the disclosure of the information from the timesheet to and by any Kennores Healthcare authorised body for the purpose of verification of this claim. I understand and agree to Kennores Healthcare Terms of Business and I am aware that a standard introduction fee will be charged if the worker is taken on full time or allowed to change agencies.

PLEASE PRINT NAME :

CLIENT SIGNATURE :

DATE :

Post : KENNORES HEALTHCARE RECRUITMENT LIMITED
Suite 34,The Sugar Refinery, Sugar Mill Business Park,Leeds,LS11 7DF.
Tel:01132721839,Fax: 01132708293
Email: bookings@kennoreshealthcarerecruitment.com (only for scanned timesheets)