



Name (please print)	
W/E Date	
Pay No	
Client Name	Department
Location	
Ward/Unit	
Report to	Tele no



TIMESHEET – HOURS WORKED (HEALTHCARE)

Return to your Search Issuing Office by 9.00 am Monday to ensure payment this week. Please exclude any break times when calculating your Total Hours worked. You must complete separate timesheets for each Client.

DAY	DATE	Start 24 hour	Break	End 24 hour	Total days hours	Total night hours	Total sleeps	Authorised on behalf of the client	
Monday								Signature	Print name
Tuesday								Signature	Print name
Wednesday								Signature	Print name
Thursday								Signature	Print name
Friday								Signature	Print name
Saturday								Signature	Print name
Sunday								Signature	Print name

Total Hours excluding break times

I confirm that I have worked the hours as stated above

Associate's signature

Date

TO BE COMPLETED AND AUTHORISED BY CLIENT

IT IS HEREBY CERTIFIED THAT THE HOURS SHOWN ARE CORRECT AND THAT THE WORK WAS PERFORMED SATISFACTORILY AND IN ACCORDANCE WITH THE WORK SPECIFICATION, WHICH INCORPORATES THE TERMS AND CONDITIONS OF BUSINESS OF SEARCH CONSULTANCY LIMITED. THE PURCHASE ORDER NOTED BELOW IS THE VALID NUMBER FOR THIS ASSIGNMENT.

Purchase Order No

Print name

Signed

Title

Date