

2 - SATISFATORY

3 – GOOD

4 - EXCELLENT

Last Call Healthcare Staff Timesheet

Please make **THREE** copies of this document 1st copy send **ONE** to Last Call Healthcare 2nd copy leave with Client

3rd copy keep for your own record

Please E-mail or fax your timesheet before Monday 12 pm

Email: timesheets@lastcallhealthcare.com

Post: Last Call Healthcare, Suite 10, Ensign House, Admirals Way,

London, E14 9XQ. Tel: 02072343350 Fax: 0207 990 9454

S	SECTION 2: PLEASE COMPLETE WHAT HOURS YOU HAVE WORKED USING 24HR INCLUDING ANY BREAKS. IF NO BREAKS PLEASE WRITE NB. IT IS MANDATORY TO ASK A SENIOR MEMBER TO COMPLETE SECTIONS WITH *																											
First Name										··									T					T				
Surname																		+					+					
Client Name																		+					+					
				0.81									.,	ND IT	10.144	UD 1.TO	DV TO	101/ 1	OFNII	0.0								
Section 2: Please complete what hours you have worked using 24hr including any breaks. If no breaks please write NB. IT IS MANDATORY TO ASK A MEMBER TO COMPLETE SECTIONS WITH * DAY DATE Start Time Total Break Finish Total Grade (e.g. Unit/Room SENIOR MEMBER OF INDUCTION RATING RATIN																												
DAY	DATE	Start Time	Total Brea	ak Finish	Total Hours (Excl. Breaks)	Grade (e.ç HCA / RN Speciality	/ w	Unit/Room rorked on (any)		SENIOR MEMBER OF STAFF NAME			INDUCTION COMPLETED FOR 1 ST ASSIGNMENT (Please Tick)			CANI PERF E (1 - 4 – H	S A	WOULD YOU ALLOW THIS PERSON TO COME BACK (YES OR NO)			SENIOR MEMBER SIGNATURE			Ref. No				
Mon																												
Tues																												
Wed																												
Thurs																						<u> </u>						
Fri																												
Sat																												
Sun																												
Total Hours minus breaks: Additional client comments:																												
Section 3: Please ensure you timesheet is fully completed and sent to payroll before Tuesday at 12pm to secure payment for Friday of the same week, failure to do so will affect you being paid on time																												
I ded hour actio	CANDIDATE: 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 proceeding. I consent to this disclosure of information from this form to and by any Last Call Healthcare authorised body for the purpose of verification of this claim and the investigation,											Candidate Name																
	prevention, detection, and prosecution of fraud.												Candidate Signature															
I am a Work false conse of ver Call I	AUTHORISED: (senior member of staff only) I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I 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 this form to and by any Last Call Healthcare authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I understand and agree to Last Call Healthcare current terms of business. A standard inductor fee will be charged if the Healthcare Assistant/Registered Nurse is taken on full time or engaged through a different agency.										REC																	
SCORING MEASURES																												
																				—								