

PLEASE COMPLETE AND RETURN THIS TIMESHEET NO LATER THAN 10:00am THE FOLLOWING MONDAY, SIGNED BY THE CLIENTS REPRESENTATIVE.

You can also email your timesheet to: payroll@bayviewhealthcare.co.uk

Client Name: _____

Client Address: _____

Ward/Unit: _____

Staff Name: _____ Week commencing Monday Date: _____ Week Ending Date: _____

Day	Date	Hours Worked		Break	Sleep In	Total Hours Worked		Ward/Unit	Authorised By: Print Name/Position	AUTHORISED SIGNATURE
		Start	Finish			Hours	Minutes			
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

TOTAL WEEK HOURS: _____

Staff Signature: _____ **Date:** _____

NOTICE TO CLIENTS

We certify that the above mentioned temporary staff worker has attended for assignment with us at the stated times and to our satisfaction. We agree to be bound by The Terms and Conditions of the Company.

NOTICE TO TEMPORARY WORKER

Should the temp staff have any queries regarding pay or other issues, please contact your local Bayview Healthcare Branch.