**STAFF TIMESHEET**

**NAME: ………………………………………………………………………………………………..**

**WEEK ENDING DATE (Sunday)……………………………………………………………..**

**TIMESHEETS MUST BE EMAILED AND POSTED TO BLOSSOM BRIDGE NO LATER THAN 10AM MONDAY.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE AND PLACEMENT** | **HOURS** | **Authority signature** | **Authority Print** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE AND PLACEMENT** | **OVERTIME HOURS** | **Authority signature** | **Authority Print** |
|  |  |  |  |
|  |  | **TOTAL HOURS** |  |

**ALL PLACEMENTS MUST BE COUNTERSIGNED BY AN AUTHORITY SIGNATORY IN ORDER FOR PAYMENT PROCESSING.**

**I declare that the information I have given on this form is correct and that I have not claimed elsewhere for the hours/shifts detailed in this timesheet. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be laibel for prosecution and civil recovery proceedings. I conset to the disclosure of information from this form to and by the NHS body and counter fraud and security Management Service for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud.**

|  |
| --- |
| **Blossom Bridge Care workers Signature: ………………………………………………………………………….****Date:…………………………………………………………………………………………………………………………………** |

**AUTHORITY STATEMENT**: I sign as authority and I understand that by providing a signature, I am confirming that the hours have taken place and that payment will be made in line with the agreed terms of contract for Grade of worker provided by Blossom Bridge Healthcare Solutions. Please sign and print next to each hour allocation line as confirmation. In signing the above, I the client agree to terms of business sent prior to commencement of placement.

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE RECEIVED** | **PROCESSED BY** | **COPY SENT ON** | **OTHER DATA** |
|  |  |  |  |

Ensure a copy is sent to team member with wage slip. Shifts without verification of placement will not be paid. Please ensure all data is correct.

**Thank you for choosing Blossom Bridge Healthcare Solutions.**