

# WEEKLY TIMESHEET



|                  |                     |
|------------------|---------------------|
| <b>NAME:</b>     | <b>CLIENT:</b>      |
| <b>JOB ROLE:</b> | <b>WARD:</b>        |
| <b>BAND:</b>     | <b>WEEK ENDING:</b> |

Please note all timesheets must be submitted before 10am on Monday, these can be submitted directly to the Unicorn Healthcare Agency LTD timesheets email.

Timesheets MUST be scanned clearly in order to be processed for pay. Please email all timesheets to [timesheets@unicornhealthcareagency.co.uk](mailto:timesheets@unicornhealthcareagency.co.uk)

| DAY       | DATE | BOOKING REFERENCE | SHIFT START | SHIFT END | BREAK | TOTAL HOURS                | AUTHORISED SIGNATURE |
|-----------|------|-------------------|-------------|-----------|-------|----------------------------|----------------------|
| Monday    |      |                   |             |           |       |                            |                      |
| Tuesday   |      |                   |             |           |       |                            |                      |
| Wednesday |      |                   |             |           |       |                            |                      |
| Thursday  |      |                   |             |           |       |                            |                      |
| Friday    |      |                   |             |           |       |                            |                      |
| Saturday  |      |                   |             |           |       |                            |                      |
| Sunday    |      |                   |             |           |       |                            |                      |
|           |      |                   |             |           |       | <b>Total Hours Payable</b> |                      |

I declare that the information I have given on this form is correct I confirm that the information provided on this form is true, accurate and complete and that I have not submitted a claim elsewhere for the hours or days listed on this timesheet I understand that knowingly providing force or misleading information may lead to disciplinary action and could result in prosecution and/ or civil recovery proceeds. I also consent to the share of information from this form with and by the customer and the NHS counter fraud and security management service for the purpose of verifying this claim and for the prevention detection investigation and prosecution of fraud

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### *Client Feedback Section* (Please tick boxes)

|                                | POOR | SATISFACTORY | GOOD | EXCELLENT | NO COMMENT | ADDITIONAL COMMENTS |
|--------------------------------|------|--------------|------|-----------|------------|---------------------|
| <b>Reliability/Punctuality</b> |      |              |      |           |            |                     |
| <b>Clinical Competence</b>     |      |              |      |           |            |                     |
| <b>Appearance</b>              |      |              |      |           |            |                     |
| <b>Attitude</b>                |      |              |      |           |            |                     |
| <b>Overall Performance</b>     |      |              |      |           |            |                     |

I am an authorised signatory for this Customer. I am signing above to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_