



**London Norwich Essex**  
**Surrey KENT SUSSEX**  
**DEVON CAMBRIDGE.**

**WALES. NORTHERN IRELAND. SCOTLAND**

*Please tick or circle the branch you are registered with from the list above.*

**Please note:** Timesheets received **after 12 noon on Monday** may not be included in payroll for that week; email- info@integratedmedicalstaffing.com or the original posted to your branch or Colchester branch office, address at bottom of time sheet. Ensure timesheet is signed after completion of assignment..

**Staff Name** \_\_\_\_\_ **Week Ending:** \_\_\_/\_\_\_/\_\_\_

**Job Title**-----

**Client** \_\_\_\_\_ **Contact** \_\_\_\_\_

**Address Worked** \_\_\_\_\_

**Payroll Number**-----

	Date	Start	Break	Finish	Total	Overtime		Total	MILEAGE
						Start	Finish		
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
<b>Total Standard Hours</b>						<b>Total Overtime Hours</b>			

Please read this information.

By signing this declaration you are confirming that the number of hours worked are correct and that work carried out was satisfactory. As an agent acting on behalf of your company, you are authorising payment to the candidate and payment of the invoice.

**\*\* In the event that any candidates are employed on full time basis after being introduced by Integrated Medical Staffing The client agrees to pay 50% of the proposed employee's annual salary, based on our terms and conditions of business as an agency provider. Client will be invoiced automatically for staff recruitment as introductory fee.**

**Name of Care Home or Hospital Ward**

**Position** \_\_\_\_\_  
Name in capitals

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

White and Yellow copies to your branch, Blue for client, Bottom or Pink copy for your records.