

Agency Worker's Full Name:	Client Name:	
	Client Site:	
	Department: (if applicable)	

PLEASE TICK as appropriate: Registered Nurse Care Assistant Support Worker Other

ASSIGNMENT DETAILS – To be completed by the Agency Worker

DAY	DATE (DD/MM/YY)	Start Time	Finish Time	Break (Mins)	Total Daily Hours Worked	Sleepover	In Charge (Y/N)	Daily Authorised Initials
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

Total Hrs (Weekdays)		Total Hrs (Weekend)		Total Hrs (Public Hols)		Travel Expenses:
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Agency Worker Declaration: I declare that the information given on this form is correct and complete and that I have not claimed elsewhere for the hours detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action. I have read, understood and agree to the Terms of Engagement supplied to me by the Company.

Agency Worker Signature: _____ **Date:** _____

To be completed by the Client

Client Declaration: I am an authorised signatory of the above named client. I am signing to confirm that the Workers hours that I am authorising are accurate and I approve payment. **Your signature is deemed acceptance of our Terms & Conditions of Business.**

Signature: _____ **Date:** _____

TIMESHEET DEADLINE MONDAY 12 NOON

On completion please E-MAIL to:

BALLYMENA: Tel: (028) 2563 1800 / E-mail: bhealthcarepayroll@rutledgegroup.co.uk (Healthcare)

ARMAGH: Tel: (028) 3751 5215 / E-mail: ahealthcarepayroll@rutledgegroup.co.uk