



Ultimate

Healthcare specialists

The skills you need-the staff you want

TIMESHEET

Ultimate Healthcare Specialists Ltd

E: payroll@ultimatehealthcarespecialists.co.uk Tel: 01934416585

Candidate Name:

GRADE (Please Circle)	HCA	HCW	S-HCA	RGN	RMN	RNLD	NIC
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Client/Unit Name and Address:

Week Ending Sunday: ____/____/____

Day	Date	Start time	Finish time	Break	Actual Hours Worked	Agency Member Signature	Signed By Client (N.I.C/ Ward Mgr.) <i>It is understood you have agreed to our TOB on signing</i>
Mon							Signature:
							Print Name:
Tue							Signature:
							Print Name:
Wed							Signature:
							Print Name:
Thurs							Signature:
							Print Name:
Fri							Signature:
							Print Name:
Sat							Signature:
							Print Name:
Sun							Signature:
							Print Name:

Timesheets must be submitted by 14:00hours weekly on Mondays for processing that week
 TIMESHEETS MUST BE FILLED CORRECTLY IN ORDER TO PROCESS PAYMENT
 RECORD TIME IN 24HR CLOCK AND TIMESHEETS BY EMAIL OR WHATSAPP MUST BE IN PDF/JPEG FORMAT