

Moran House, 449-451 High Road, Willesden, London NW10 2JJ  
 Tel: 020 8459 4740 Fax: 020 8459 4670

COMPLETE IN BLOCK LETTERS. OFFICE: WHITE, CLIENT: PINK, STAFF: BLUE. RETURN WHITE & BLUE COPIES TO BSL

Surname ..... (Please tick the appropriate box)  
 First Name .....  NURSE  HCA / SUPPORT WORKER  
 Staff No .....  OTHER .....  
 Week ending Sunday: ..... Name of Ward/Unit: .....  
 Name of Client ..... Job Ref. No.....

Day	Date	Bank Holiday	Start Time	Finish Time	Break Hours	Hours Worked	AUTHORISED SIGNATURE
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

I declare that the contents of this sheet are true. In the event of a dispute regarding claimed hours/days, I will be able to repay any overstated amount unless the time sheet has been duly authorized by the Client. Any over payments should be repaid immediately as failure to do so may result in legal proceedings.

**TOTAL HOURS**

TO AVOID ANY DELAY WITH YOUR PAYMENT PLEASE ENSURE THAT ALL HOURS WORKED ARE AUTHORISED AND THAT YOUR TIME SHEET IS RECEIVED AT OUR OFFICE (ADDRESS ABOVE) NO LATER THAN MONDAY MIDDAY.

Staff Signature ..... Date .....

We confirm (a) Our agreement to the terms and conditions of business  
 (b) That the hours claimed are correct

Total Hours Worked in Words .....

Authorised Signature ..... Date .....

Please print Name in capital letters .....

Position Held .....

THIS SHEET WILL FORM THE BASIS OF INVOICE NO ..... PAYABLE AS PER AGREED TERMS

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