



THE PEOPLE'S HEALTHCARE: TIME SHEET

i Please ensure your timesheet is fully completed and signed by a senior member of staff for the days/ hours worked during the week (Mon to Sunday) and either scan & email or post to The People's Healthcare before Monday 14:00 hrs to secure payment on that week. Failure to do so may result in your payment being delayed.

- The Peoples Healthcare Limited • 143 Kingston Road •
- Wimbledon • London • SW19 1LJ •
- Tel 0330 999 2 999 •
- Fax 0330 900 2999 •
- timesheets@thepeopleshealthcare.co.uk •

Candidate First Name																					
Candidate Surname																					
Client Name																					

DAY	DATE	START	BREAK(S)	FINISH	TOTAL HOURS <small>(Minus Breaks)</small>	WARD/ UNIT	REFERENCE NUMBER
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

CANDIDATE
 I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any of The People's Healthcare authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

AUTHORISED BY: (SENIOR MEMBER OF STAFF)
 I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by any of The People's Healthcare authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to The People's Healthcare current terms of business.

Candidate Name: _____ Signature: _____ Specialty: _____ Date: _____

AUTHORISED BY (SENIOR MEMBER OF STAFF):

Authorised Name: _____ Signature: _____ Position: _____ Date: _____