THE PEOPLE'S HEALTHCARE: TIMESHEET

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

• The Peoples Healthcare Limited •
• Tel 0330 999 2 999 •
• Fax 0330 900 2999 •
• timesheets@thepeopleshealthcare.co.uk •

Candidate First Name	
Candidate Surname	
Full Client Name	

DAY	DATE	START	BREAK(S)	FINISH	TOTAL HOURS (Minus Breaks)	Name of senior staff verifying and authorising timesheet	Signature & Position of authorised senior staff member (please read declaration below before signing)	Date
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. By commencing my first assignment with The Peoples Healthcare Limited, I understand and agree to the current PSC / PAYE / UMBRELLA (as applicable) candidate contract for services terms which can be found on the downloads section of our website – www.thepeopleshealthcare.co.uk

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:**_____ **Role**:_____ **Date:** _____

Remember: Always leave a duplicate copy of your correctly completed timesheet with the client by the end of the working week to ensure timely payment