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|  | **SERENE HEALTHCARE SERVICES LTD**  109 Stratton Road, Swindon, SN1 2NY  Phone: 0738 142266  *Email:* [*info@sereneservices.co.uk*](mailto:info@sereneservices.co.uk)  [www.sereneservices.co.uk](http://www.sereneservices.co.uk) |

**Registered Nurses, HCA and Support Workers Timesheet**

Timesheets must be received every Monday by 9am by email or WhatsApp

|  |  |
| --- | --- |
| Staff Name |  |
| Name of Client/Trust |  |
| Ward/Department |  |
| Week Commencing (Monday) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Weekday | Date | Start Time | End Time | Break (Deducted) | Total Hours | Sign |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
| Week Total |  |  |  |  |  |  |

**To be read by all clients:**

The above Agency Worker has satisfactorily worked the above shown hours. I am signing to confirm that both the grade 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. Any questionable timesheet must be immediately brought to the attention of the Local Counter-Fraud Specialist (within England).

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| **Client authorisation (after final shift)** |
| Name: |
| Signature: |
| Position: |
| Date |

**Agency staff acknowledgement & confirmation of hours:**

I can confirm that I have worked for the above client on the stated dates at the hours and grades indicated. 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 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.

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| --- |
| **To be completed by agency staff** |
| Name: |
| Signature: |
| Job Title: |
| Date |