

## WEEKLY TIMESHEET

**Section A: Write in BLOCK CAPITALS your first name & surname on the left lines and clients on the right lines e.g. Hospital Name/trust**

<b>First Name:</b>		<b>Client Name/ NHS Trust</b>	
<b>Surname:</b>		<b>Ward Name:</b>	
<b>HLHC Consultant:</b>		<b>Hospital Site:</b>	Please note: Use one timesheet per ward. Claims for hours worked on more than one ward may invalidate your timesheet.

**Section B: Please write your breaks when totalling your hours worked & ensure you use the 24hr clock. Unless 'NB' (no break) is written in the break column, breaks will be automatically be deducted, if not included.**

DAY	DATE	START	BREAK	FINISH	TOTAL CLAIMABLE HOURS	BAND	GENERAL/ MENTAL / HEALTH/CRITICAL/ HCA	BOOKING REF:	Client Shift Appraisal <small>1 = Good 2 = Satisfactory 3 = Poor</small>	AUTHORISED CLIENT SIGNATURE
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
					<b>TOTAL HOURS WORKED</b>	TRAVEL				
						MILEAGE				

**Section C: Please ensure your timesheet is COMPLETED and either emailed, or posted to Healthline Healthcare and should arrive before Monday 10am to ensure payment that week. Failure to do so will result in your payment being delayed.**

**Candidate declaration:**

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.

<b>NAME:</b>	<b>SIGNED:</b>	<b>DATE:</b>
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**Client Authorisation:** I am an authorised signatory for my ward/department/NHS Body or other relevant organisation. I am signing to confirm that the Job Profile Title and Band of Nurse and the hours/shifts that I am authorising are accurate and I approve payment.

<b>NAME:</b>	<b>SIGNED:</b>
<b>POSITION:</b>	<b>DATE:</b>

**Please email**

**Email:** [timesheets@healthlineltd.co.uk](mailto:timesheets@healthlineltd.co.uk)

**Telephone:** 0121 392 7554

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