

# TIME SHEET



Client Name: ..... Employee Name: .....

Address: ..... Job Title: .....

..... Band: .....

	Date	Start Time	Finish Time	Breaks Deducted	Total Hours	Authorised Signatory Name	Signature
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
				Total Hours			

**Declaration to be signed and dated by the agency worker:**

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.

Print Name..... Signature..... Date...../...../.....

**Declaration to be signed and dated by an authorised signatory:**

I am an authorised signatory for my organisation. 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.

Print Name..... Signature.....

Position..... Date...../...../.....

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) and or you may report to the authorities of the client and or supplier.

Please provide feedback on staff during their shift-

**Rate the Employee- 0 (Unsatisfied) 1 (Needs improvement) 2 (Good) 3 (Very Good) 4 (Outstanding)**

	Rating-	0	1	2	3	4
Appearance-						
Communication-						
Time Keeping-						
Overall work performance-						
Attitude-						
Would you request this staff member again-						