

1ST MED - TIMESHEET



LEADING RECRUITMENT IN HEALTHCARE

SECTION 1 - Complete in BLOCK CAPITALS. First name on the top line, Surname on the second line and the Client name on the third line. E.g. Care Home

First Name

Surname

Client Name

Email timesheets every Thursday by 10am to **admin@1stmed.co.uk** or post to: **1ST Med, 71 Garstang Rd, Preston, PR1 1LB.**

For payroll enquiries email **admin@1stmed.co.uk** or text to mobile - **07765 459876.**

****Timesheets submitted 2 weeks after shift completion date may not be processed.**

SECTION 2 - 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 then breaks will automatically be deducted if not included

*****Please note: NO TIMESHEET, NO PAY.**

								ON CALL HOURS			
Day	Date	Start	Break	Finish	Total Hrs (Excl. Breaks)	Reference number	Daily Signature	Start	Finish	Total Hrs	Signature
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hours (Excl. Breaks)								Agreed Expenses (Attach Mileage form/receipts)			

SECTION 3 - Please ensure that your timesheet is completed fully and emailed, posted, or sent via Whatsapp to the office mobile by Monday 10am. Failure to do so may cause a delay in your payment.

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 time sheet. 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 1st Med Ltd 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 1st Med Ltd authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to 1st Med Ltd current terms of business. A standard introductory fee will be charged if the agency worker from 1st Med Ltd is taken on full time or engaged through a different agency.

Worker Name:	Signature:
Role:	Date:
Manager's (Authorised Signatory) Name:	Signature:
Position:	Date: