

PLEASE NOTE: DEADLINE FOR SUBMITTING TIMESHEETS IS MONDAY MIDDAY FOR PAYMENT FRIDAY

Worker's Full Name:	Induction completed: <input type="checkbox"/> Client Signature
Institution worked at & Address:	WEEK ENDING SCANNED, FAXED OR POSTED TIMESHEETS ONLY – NO PHOTOS
Department/ward:	
Job Title & Band:	NMC/HCPC/GMC/GDC No: _____ Exp: _____
<small> DAY RATES (MONDAY TO FRIDAY) PAID ON HOURS WORKED FROM 0600 TO 1959 HRS NIGHT RATES (MONDAY TO FRIDAY) PAID ON HOURS WORKED FROM 2000 TO 0559 HRS SATURDAY RATES ARE PAID ON HOURS WORKED FROM 0000 HRS SATURDAY TO 2359 HRS SATURDAY NIGHT SUNDAY RATES ARE PAID ON HOURS WORKED FROM 0000 HRS SUNDAY TO 2359 HRS SUNDAY NIGHT BANK HOLIDAY RATES PAID ON HOURS WORKED FROM 0000 HRS ON THE START OF THE HOLIDAY TO 2359 HRS SAME DAY **BREAKS ARE DEDUCTED FROM THE LONGEST PERIOD OF SHIFT. IF NO BREAK IS TAKEN, PLEASE STATE 'NOT TAKEN' IN THE 'BREAK TAKEN' FIELD AND REQUEST CLIENT TO SIGN THIS FIELD** </small>	

Hour Worked (use 24 Hour clock)						
Day/insert Date below	Ref Number	Start Time	Finish Time	Break Taken	Total hours worked mins break taken	CLIENT'S SIGNATURE
Mon DD/MM/YY						
Tue DD/MM/YY						
Wed DD/MM/YY						
Thu DD/MM/YY						
Fri DD/MM/YY						
Sat DD/MM/YY						
Sun DD/MM/YY						
Please ensure this timesheet is completed correctly. JB Care Providers reserves the right to not process timesheets completed incorrectly		Total Mileage Claim (Where agreed by the client)		TOTAL HOURS WORKED		

FEEDBACK FOR CLIENT USE ONLY How would you rate the candidate's ability? (Please tick as appropriate)

	Excellent	Good	Average	Below Average	Further Comments
Clinical competency					
Punctuality					
Personal presentation					
Communication skills					
Team working ability					

To The Candidate: Please retain pink copy of this timesheet for your own records and leave the blue copy with the client. White copy needs to be returned to JB Care Providers via email. The timesheet requires the signature of the candidate and client. Our Terms are in accordance with JB Care Providers's Staff Handbook.

SIGNED BY WORKER**PRINT NAME:** **DATE:**

To The Client: By signing this timesheet we certify that the hours worked are correct and we will accept and pay within seven day of invoice date to your account for the chargeable hour at the agreed rate. We agree to accept your condition of business and acknowledge that should any temporary worker introduced by you accept an offer of employment by us, a fee calculated in accordance with our normal charge rates for the introduction of permanent staff will become payable

SIGNED BY CLIENT**PRINT NAME:** **DATE:**