

Timesheets must be faxed, emailed, posted or hand delivered to our Slough office by **16:00 Monday** in order to facilitate payment on the **Friday**. Please note that the payroll week runs from Monday to Sunday and timesheets received by the cut-off time will be paid in the week after the work was performed.



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Timesheet
Number:

Client / Hospital / Home:

Candidate Surname:

Forenames:

Ward / Unit:

Worker / Payroll No:

Qualification:

Only Use One Qualification Relevant to this Shift

Client / Hospital / Home Address:

| | |
|-----------------------------------|-------------------------------------|
| Client / Hospital / Home Address: | Client / Hospital / Home Post Code: |
| <input type="text"/> | <input type="text"/> |

Contact Number for Timesheet Queries:

Candidate Post Code:

| Day | Date | | | Hours Worked - 24 Hour Clock | | Meal Breaks | | Total Claimed | | Grads/ Band | Booking Reference/Ward | Authorised By |
|----------------------|----------------------|----------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| | Day | Month | Year | Start | Finish | Hours | Minutes | Hours | Minutes | | | |
| Mon | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Tues | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Wed | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Thurs | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fri | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sat | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sun | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Miles | Pence per Mile | | | Travel Claimed | | Sundry Expense | | Total Expenses | | | | |
| <input type="text"/> | <input type="text"/> | | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | < Total Hours Claimed | |

Please attach relevant receipts to assist payment of expenses.

CLIENT AUTHORISATION (MUST BE COMPLETED & SIGNED BY CLIENT REPRESENTATIVE)

Name:

Position Held:

Signature:

Date:

TOTAL HOURS TO BE PAID - INWORDS: (To be completed by Client only)

TOTAL EXPENSES TO BE PAID (To be completed by Client only)
£

The above named agency worker has satisfactorily worked the above shown hours. We agree to pay your account in accordance with the Terms of Business and understand that if we engage the agency worker permanently during or after this agreement we shall further agree to pay your Introduction Fee for permanent staff.

If required, a further copy of our Terms of Business can be sent on request.

AGENCY WORKER ACKNOWLEDGEMENT AND CONFIRMATION OF HOURS

I confirm that I have worked for the above client on the stated date/s at the hours and grade indicated. I also confirm that this is the only timesheet to be submitted for the shift(s)

.....
Agency Worker Signature

In order to ensure prompt payment, timesheets must be submitted within two weeks of completing your shift.

Please keep a separate copy of this timesheet for your records.

White copy to Staff Support.
Yellow copy is to be kept by the Client.
Blue copy to temp.

