



**Nursing Care Personnel**  
 ENHANCING LIFE. EXCELLING IN CARE.

**NURSING CARE PERSONNEL STAFF TIMESHEET**

Please send the original copy of the timesheet to Payroll Department. We recommend taking two additional photocopies, leave one with the client and keep one for yourself. Please ensure all timesheets are received on Monday by 5pm latest for prompt payment.

**Email – payroll@nursingcarepersonnel.co.uk**

**Post: Nursing Care Personnel, Payroll Department, 31, Heron way, Hatfield. AL10 8QP**

**Section 1** Please complete in full: your name, grade and client name.

Staff Name:		Grade	
Client Name			

**Section 2** Please complete the below information for the shift done.

Day	Date	Start Time	End Time	Break	Total Time-Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

**Section 3** Please ensure your timesheet has been signed off by yourself (candidate) and an authorised person (client).

Agency Worker: I declare that the information provided on this timesheet is correct. I understand that any false information provided on this timesheet may result in disciplinary action and I may be liable to prosecution.

I can confirm that I have been inducted by a senior member of staff on my arrival in the Establishment.

Staff Name:.....

Staff Signature:.....

Authorized by: I am an authorised signatory of the above named establishment. I am signing to confirm that the named staff, job title and hours above are correct and I approve payment. I understand that any false information provided on this timesheet may result in disciplinary action and I may be liable to prosecution. I understand and agree to Nursing Care Personnel's terms and conditions.

Name:.....

Signature.....