

# TIMESHEET

Tel: 0203 697 7129

Email to: [timesheets@alpha24.co.uk](mailto:timesheets@alpha24.co.uk)



In order for payments to be processed, this timesheet must be returned by Monday 12.00. Timesheets can be emailed as above, or posted to the address provided below. Please fill in timesheet using a **BLACK BALLPOINT** pen.

Candidate Name	Client Name
Employee Number	Address
Week Commencing DD/MM/YY	Name of Ward

DAY	Date DD/MM/YY	Start Time	Finish Time	Break Time	Hours Worked	Booking Reference	Authorised Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							
Total Payable Hours (Exc. Breaks)							

Rates may vary for Day and Night, Weekends and Bank Holiday shifts, which are set by individual clients. Please check with Alpha24 Healthcare before accepting any work.

I am authorised to sign the form to confirm that all the information on the timesheet is accurate at the time of signing. I understand that if I authorise any inaccurate information on the timesheet, I could be liable for any disciplinary actions that may occur, which can result in prosecution to recover any losses caused to Alpha24 Healthcare. Any discrepancies will also be reported to the NHS Counter Fraud and Security Management Service for investigation.

**X** Print Name: \_\_\_\_\_ Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLIENTS FEEDBACK (OPTIONAL)

*please tick boxes*

	Poor	Satisfactory	Good	Excellent	No Comment	Comments
Reliability & Punctuality						
Clinical Competence						
Appearance						
Attitude to Work						
Quality of Documentation						
Overall Performance						

I can confirm the above candidate worked the hours stated and by signing this timesheet we will make payment to your account in line with your terms of business. I am confirmed as a authorised signatory on behalf of the client. I understand that if I authorise any inaccurate information on the timesheet, I could be liable for any disciplinary actions that may occur, which can result in prosecution to recover any losses caused to Alpha24 Healthcare. Any discrepancies will also be reported to the NHS Counter Fraud and Security Management Service for investigation.

**X** Print Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN AND RETURN THE WHITE & PINK COPIES TO ALPHA24 HEALTHCARE. BLUE COPY TO BE KEPT BY THE CANDIDATE AND THE YELLOW COPY TO BE KEPT BY THE CLIENT.

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