



Temptopia Healthcare Recruitment

Better Together

Temptopia Healthcare Staff Timesheet

Please make **THREE** copies of this document

1st copy send **ONE** to Temptopia Healthcare

2nd copy leave with Client

3rd copy keep for your own record

Please E-mail your timesheet before **Monday 2pm**

Email: payroll@temptopiahealthcare.co.uk

Tel: 020 8033 3275

Candidate Name			
Home/Hospital			
Address		Booking Ref Number	
Ward/Unit Name		Job Title	
Employee Number		Week ending	

Day rate and night rate may vary from client to client, Saturday, Sunday and Bank Holiday.

Day	Date	Start Time	Finish Time	Total Hours	Break Time	Time Worked	Authorised by
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							

TIMESHEET TO BE SEND BY 2:00PM MONDAY TO AVOID DELAY WITH PAYMENT

I hereby confirm that the details above are fully correct and understand that an invoice will be raise from this time sheet. By signing below, I confirm that am authorised by Client/Customer to sign on behalf of the company.

Name _____ Signature _____ Date _____