

TIME SHEET



Severn Angels Healthcare Ltd

Upper Interfields,
Malvern, WR14 1UT
Telephone: 01905 930707

Important Note for the NHS/Ward/Department:

Being a duly Authorized Signatory,
I agree that the work shown in Total Hours are correct and should be invoiced accordingly.

Important Note for Agency workers:

No payment will be made unless this time-sheet is filled in accurately and signed by all parts

STAFF FULL NAME:										
HOSPITAL/CLIENT NAME:										
ADDRESS:										
Day	Date	Ward Details	Start Time	End Time	Break Time hrs/mins	Booking Ref	Total Hrs Worked	Job Title & Band	Worker Signature	Staff in charge Full Name & Signature
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										

Time sheets must be received before 17:30 Monday evening each week and the money will be in your account the following Friday. Time sheets received after Monday 17:30 will be automatically put into the following week's payroll. Please scan and email a clear picture of your timesheet to accounts@severnangels.co.uk

NHS Fraud & Corruption Line

Any questionable timesheet must be immediately brought to the attention of the local Counter Fraud Specialist or you must report any case of Fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 in England and Wales or 0800015628 in Scotland.

Staff Evaluation (For Client Use)

Please rate as Excellent (E); Good (G); Average (A); Poor (P); Very Poor (VP):

Suitability for Assignment	Competency	Time Keeping	Personal Presentation
Flexibility & Adaptability	Ability to work with others	Communication Skills	Records Management
Organisational Skills			

Authorised Signature:

I can confirm that I have received an Induction and Orientation training at the start of my shift.