ACH Healthcare Ltd
FOR ALL YOUR PROFESSIONAL, CARING AND RELIABLE STAFFING NEEDS

Tel: 01279 310060
Email: timesheets@achhealthcare.co.uk
Website: www.achhealthcare.co.uk

PAY PERIOD ENDING SUNDAY: **(Date)**

PLEASE NOTE EACH TIME SHEET COVERS ONE WEEK ONLY

WHEN SHIFTS FALL INTO MORE THAN ONE WEEK, PLEASE USE A SEPARATE TIME SHEET FOR EACH WEEK

Name of Agency Staff

.....

Job Title. .....

Signature .....

Contact No. .....

Name of Client

.....

Unit.....

Location .....

DAYS	DATE	FROM	TO	HOURS	SLEEP IN	OFFICIAL BREAKS	DAY	NIGHT	TOTAL HOURS	AUTHORISED SIGNATURE
MON										
TUES										
WED										
THURS										
FRI										
SAT										
SUN										
								TOTAL		

**** To avoid delays in payment, **ORIGINAL** authorized time sheet(s) must be submitted before **12:00pm Monday**. Return the original time sheet in the post; non-receipt of time sheet(s) will result in delayed or no payment.

AUTHORISED SIGNATURE FOR AND ON BEHALF OF CLIENT

Agency Staff : I confirm that I have worked the hours detailed above and that the information given on this timesheet is accurate.

Signed..... Print Name .....

Client : I confirm and agree that the total hours listed above, including overtime hours have been satisfactorily worked and that payment in respect of these will be made according to your current terms of business which I have received from you and accept as the basis of this transaction.

Signed..... Position .....

Print Name..... Date.....