

STAFF NAME: _____								
CLIENT NAME: _____						JOB TITLE: _____		
ADDRESS: _____						BAND/GRADE: _____		
						LOCATION (WARD/DEPT): _____		
DETAILS OF ASSIGNMENT (Please ensure that all sections are correctly filled in before signing.)								
DAY	DATE	REF NO.	START TIME	FINISH TIME	BREAK IN MINUTES	TOTAL HOURS	STAFF SIGNATURE	AUTHORISED SIGNATURE
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
TOTAL HOURS WORKED (Excluding breaks):								
<p>The above named member of Anytime Care 2020 worked the hours shown above and we agree to pay your account in accordance with your Terms of Business*. We understand that if we engage the applicant permanently within six months of the termination of this agreement we shall further agree to pay your introduction fee for permanent staff. *Terms of Business can be supplied on request.</p> <p>AUTHORISED SIGNATURE: _____ DATE: ____/____/____ NAME: _____ POST HELD: _____</p>								
Top Copy – Anytime			Middle Copy – Staff			Bottom Copy – Client		
This Timesheet must be handed in or posted to our offices to arrive by 12pm, Tuesday following the Week Ending date, in order to facilitate prompt payment.								