



STAFF TIMESHEET

FIRST NAME - USE BLOCK CAPITALS

[illegible]

SURNAME - USE BLOCK CAPITALS

[illegible]**CLIENT/HOSPITAL NAME - USE BLOCK CAPITALS**[illegible]

Please make 3 copies of this document and send one to Zentar UK, leave one with client and keep a copy for your record.

Fax- 0207 293 0112

Email - timesheet@zentar.co.uk

DAY	DATE	START TIME	BREAK	FINISH TIME	TOTAL PAID HOURS (EXCLUDING BREAKS)	SPECIALITY AND GRADE/BAND	WARD/UNIT/FLOOR/ROOM NUMBER	AUTHORISED SIGNATURE/ PRINTED NAME	REFERENCE NUMBER
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

Authorised by: (Senior Member of Staff)

I am an authorised signatory of the above client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising accurate and I approve payment. I understand that if I knowingly provide false information I consent to this disclosure of information from this form to and by any Zentar UK authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Zentar UK current term of business. A standard introductory fee will be charged if the Nurse is taken on full time or engaged through a different agency.

Please Email
or Fax your
timesheet
before

Monday 10am

Agency Staff:

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly false information this may result in disciplinary action and may be liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any Zentar UK authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Agency Staff Signature:



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