ZENTAR UK STAFF TIMESHEET

Please make **THREE** copies of this document.
1st Copy: Send **ONCE** to Zentar UK Limited
2nd Copy: Leave with Client
3rd Copy: Keep for you own record.

Please E-mail or fax your timesheet before Monday 10am

Email: timesheet@zentar.co.uk
Post: 6 Berghem Mews, Blythe Road, Kensington, London, W14 0HN
Telephone: 020 7348 0585
Fax: 020 7293 0112

Section 1: Please write in BLOCK CAPITALS your first name on the top line, your surname on the second line and the Client name on the third line. E.g. Hospital name

First Name:	
Surname:	
Client Name:	

Section 2: Please write your breaks when totalling your hours worked & ensure you use the 24hr clock. Unless "NB" (no break) is written in the break column then breaks will automatically be deducted if not included

DAY	DATE	START	BREAK	FINISH	TOTAL HRS (excluding breaks)	SPECIALITY (e.g. General Nurse, ITU, HCA etc.)	GRADE (e.g. RN:D/E/F HCA: A/B, ITU: E/F/G, PRCN: E/F/G etc.)	WARD/UNIT AND ROOM NUMBER IF ANY	* SENIOR MEMBER OF STAFF	SIGNATURE	REFERENCE NUMBER
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total hours minus breaks											

Section 3: Please ensure your timesheet is fully completed and emailed before Monday 10am to secure payment on that week. Failure to do so may result in your payment being delayed and/or amended

NURSE:

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 provide false information this may result in disciplinary action and I 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.

Nurses Signature:

***AUTHORISED BY:** *(SENIOR MEMBER OF STAFF)*

I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the 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 terms of business). A standard introductory fee will be charged if the Nurse is taken on full time or engaged through a different agency.

Nurses Name:

Date: