



# Timesheet

Please ensure your timesheet is submitted via our website by Tuesday 12 PM.

Email: info@nurshive.co.uk

Telephone queries (9am-5pm): 0333 050 2606

Post: 55-57 Moorgate Street, Rotherham, S60 2EY, United Kingdom

To avoid delay in payment, please ensure all fields are completed correctly. Your timesheet must be submitted to us within 21 days of your shift date, in either PDF or JPG format.

Part 1: Use BLOCK letters and ensure you have completed all fields.

Agency Worker's Full Name		Client's Name	
Ltd. Company Name		Client's Address	
Role			

Part 2: Use BLOCK letters and 24-hour time to complete. Ensure that breaks are deducted from the total hours.

Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Sleep In	*AUTHORISER Signature* I declare that I am an authorized signatory to confirm that the shift(s) and times were worked by the named Agency Worker		
							Name	Position	Signature
Monday						Yes/No			
Tuesday						Yes/No			
Wednesday						Yes/No			
Thursday						Yes/No			
Friday						Yes/No			
Saturday						Yes/No			
Sunday						Yes/No			

Total payable hours (excluding breaks)

Part 3: Please ensure you complete the timesheet in full and submit via our website by 12pm Tuesday. Payment can be delayed if you do not meet this deadline, or if submitted timesheets are incomplete/unclear.

**Candidate declaration:**

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 the disclosure of information from this form to and by NursHive Ltd., the Authority, other Public Sector body and Private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that I have received an appropriate induction including fire safety.

Date:	Job title:	Print name:	Candidate signature:
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**Client Authoriser:**

I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers 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 information from this form to and by NursHive Ltd., the NHS, other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that the worker has received an appropriate induction required to work here including fire safety.

Date:	Job title:	Print name:	Client authoriser signature:
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**Timesheet instructions**

To avoid delays in payment, please ensure that:

1. All required fields within the timesheet are completed, clearly and legibly, and signed by both you and the client.
2. The correct day and date are entered, and breaks are recorded on the timesheet.
3. The timesheet is submitted no later than 12pm Tuesday.