Manor House Nursing Agency

**Weekly Timesheet**

All Sections of this timesheet MUST be completed and an authorised signature placed against each shift worked and be returned before 5pm on Friday. Failure to do this will result in payment not being processed. It is the responsibility of our employee to return their timesheet on time.

**Top Copy to Manor House Nursing Agency to Client**

**Employees Name: ...............................**

**Week Ending: .............................**

**Invoice No..............................................**

**Company Name: ............................................**

**Job Title: ..........................................................**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | DATE | START TIME | FINISH TIME | DAILY HOURS(Minus breaks) | OVER TIME(Please Specify) | DEPARTMENT/LOCATION / WARD | AUTHORISED SIGNATURE |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |

**Employee Signature: ...................................................**

**Date: ...........................................**

**We certify that the total hours shown above are TRUE AND CORRECT and we agree to be invoiced accordingly by**

**Manor House Nursing Agency. If any of the above at anytime should be taken on to our staff we acknowledge that the Introduction Fee will be payable based on the scale of fees in force at that time. We also acknowledge that we have read and agree to the Terms and Conditions of Business of Manor House Nursing Agency.**

**Thank you for using Manor House Nursing Agency for your vacancy. Your Business is gratefully appreciated.**