



STAFF TIMESHEET

PLEASE FAX ALL TIMESHEETS TO: 0203 008 5211

Name:	Client Name:
Hospital Pay Code:	Ward/Department:
Speciality:	Grade/ Band

ENTER HOURS WORKED

	DATE	START TIME	BREAK	FINISH TIME	REF	TOTAL
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
TOTAL HOURS WORKED (in words)				WEEKLY TOTAL HOURS		

Cavendish Staffing standard terms and conditions apply to this booking. Standard introductory fee will be charged if the nurse/locum is taken on full time by the client or allowed to change agencies. See Terms and Conditions for full details. Please complete your timesheet and have it authorised at the end of your final shift. Please ensure that all timesheets are with us at our head office by 9am on a Monday morning to ensure we can pay you promptly. You must submit all timesheets at the end of each calendar week.

AUTHORISING SIGNATORY

As authorising signatory I confirm that the hours and totals given above are correct, please forward an invoice

Authorising Signatory Name	Authorising Signature and Date
Job title/Position	
Cavendish Nurse/Locum Signed and Date	