

Week Ending: Sunday...../...../.....

**TEMPORARY WORKER DETAILS**

**REFERENCE**

Name:

Job Title:

Signature:

Date:

Day	Date	Time in Hrs Min		Time in Hrs Min		Break Hrs Min		Total Hrs Min	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
<b>Total hours worked</b>									

**A completed timesheet must reach the Redemption Healthcare LTD. office signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.**

*Redemption Healthcare LTD. reserves the right to withhold payment until the hours can be verified by the client.*

*Your timesheet can be sent via Email to: [payroll@redemptionhealthcare.co.uk](mailto:payroll@redemptionhealthcare.co.uk)*

*Please ensure you have deducted breaks and totalled the hours to the nearest 15 mins correctly before signing. Final total should be entered in decimal e.g. 37.50 instead of 37 ½*

**CLIENT AUTHORISATION**

***I hereby certify that the hours worked are correct and the work was completed to the client's specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client's invoice. I accept Redemption Healthcare LTD. terms of business. I confirm that I am authorised to sign on behalf of the client.***

Name:

Job Title:

Company:

Unit/Ward:

Signature:

Date: