



**Nurse24 Limited**  
 Office A2, Lancaster House  
 10 Sherwood Rise, Nottingham  
 Nottinghamshire, NG7 6JE  
 Tel : **0115 839 0999**

Please send your signed timesheet to us by **post** or **email** : [timesheets@nurse24.uk](mailto:timesheets@nurse24.uk)  
 no later than 12 noon on the following Monday  
 after the week that you have worked.

Name of Worker \_\_\_\_\_

Job Title \_\_\_\_\_

Client Name \_\_\_\_\_

Unit Name \_\_\_\_\_

Client address \_\_\_\_\_

## Timesheet

Day	Date	Booking Reference	Start Time	End Time	Break Taken	Total hours Worked after break deducted (Hours/Minutes)	Client Daily Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
<b>TOTAL WEEKLY HOURS WORKED ( MINUS TOTAL BREAK TIME )</b>							

### Agency Staff 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/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to the Customer for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

SIGNED.....DATE.....

PRINT NAME.....

### Client Authorisation

I am an authorised signatory for this Client. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to the Client for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

SIGNED.....DATE.....

PRINT NAME.....POSITION.....