



STAFF WEEKLY TIME SHEET

Name(please Print) _____ Week commencing _____

| | TIME ON | TIME OFF | LUNCH BREAK | TOTAL HOURS WORKED | NAME AND ADD OF CUSTOMER | CUSTOMER'S NAME AND SIGN |
|--|---------|----------|-------------|--------------------|--------------------------|--------------------------|
| MONDAY | | | | | | |
| TUESDAY | | | | | | |
| WEDNESDAY | | | | | | |
| THURSDAY | | | | | | |
| FRIDAY | | | | | | |
| SATURDAY | | | | | | |
| SUNDAY | | | | | | |
| TOTAL HOURS WORKED THIS WEEK (NUMERICAL) | | | | | | |
| TOTAL HOURS WORKED THIS WEEK (IN WORDS) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

EMPLOYEE SIGNATURE _____ DATE _____

Training _____

Annual Leave of _____

Sick Absence of _____

Other _____

CLIENT AUTHORISATION:
 NAME:.....
 POSITION:.....
 TOTAL HOURS:.....
 SIGNATURE:.....
 DATE:.....

OFFICIAL
 HUMAN RESOURCES MGR _____

CARE CO-ORDINATOR _____

PAYROLL OFFICER

NB. TIME SHEETS MUST BE APPROVED AND SUBMITTED NO LATER THAN MONDAY 10AM OF THE FOLLOWING WEEK. IT IS THE RESPONSIBILITY OF THE WORKER CONCERNED TO ARRANGE THIS WITH THEIR LINE MANAGER IN GOOD TIME. LATE SUBMISSION RESULTS IN DELAY AND MAY RESULT IN NON-PAYMENT. FOR TIMESHEET ONLY, SCAN COPY TO: wages@munifsocialcare.co.uk and FOR PAYMENT QUERIES, EMAIL: payroll@munifsocialcare.co.uk



Agency Worker – End of Placement Assessment Form

As an on-going commitment to ensure our service delivery is kept at an optimal standard, it would be appreciated if you can complete the following post-placement assessment form

| | | | |
|-----------------------------|--|-----------------------|--|
| Agency Worker Name: | | | |
| Professional Reg. number: | | Position/Main duty: | |
| Customers' Add. & Phone no: | | | |
| Ward or Unit placed: | | | |
| Dates of Assessment: | | Length of assignment: | |

Customers' / Relatives Rating Scale

| | 1 | 2 | 3 | 4 | |
|--|-------------------|--------------|------|-----------|----------|
| | Needs Improvement | Satisfactory | Good | Very Good | |
| Criteria / Ratings | 1 | 2 | 3 | 4 | Comments |
| Attendance – Time keeping | | | | | |
| Communication: | | | | | |
| Record keeping/Privacy & confidentiality | | | | | |
| Safeguarding | | | | | |
| Health & safety | | | | | |
| Medication | | | | | |
| Working in partnerships | | | | | |
| General appearance | | | | | |
| Overall performance | | | | | |

Have you any reason to be dissatisfied with the agency workers services? Yes No

| |
|---------------------|
| Customers Comments: |
|---------------------|

COMPLETED BY:

| | | | |
|------------------------------|--|-----------|--|
| Name & Surname: | | Position: | |
| Authorised Name & Signature: | | Date: | |
| Tel. no | | Email: | |
| Organisation name: | | | |

Phone: 02033754266
On Call 07951335999

Head Office: 44 Broadway
Stratford, London
E15 1XH

www.munifsocialcare.co.uk
info@munifsocialcare.co.uk
feedback@munifsocialcare.co.uk