

Vetro Nursing Timesheet



Your Name

Week Ending Sunday

vetronursing

COMPLETED AND AUTHORISED TIMESHEETS MUST BE RETURNED TO VETRO NURSING BY MONDAY 10AM. PLEASE ENSURE YOUR TIMESHEET IS SIGNED AND SUBMITTED BY THIS DEADLINE TO ENSURE THAT YOU ARE PAID ON TIME.

Note to candidate: Please ensure that you ask the authorising signatory to complete the shift appraisal. Please circle as applicable:
1 = Unsatisfactory 2 = Poor 3 = Satisfactory 4 = Good 5 = Excellent

DAY	Start Time	Finish Time	Breaks	Day Hours (Excl Breaks)	Night Hours (Excl Breaks)	Client Shift Appraisal	Shift Signed off by manager
MON						1 2 3 4 5	
TUE						1 2 3 4 5	
WED						1 2 3 4 5	
THUR						1 2 3 4 5	
FRI						1 2 3 4 5	
SAT						1 2 3 4 5	
SUN						1 2 3 4 5	
WEEKLY TOTAL (Excluding Breaks)							

CANDIDATE AUTHOISATION

I confirm these are an accurate record of services provided in accordance with the contractual terms and conditions.

Job Title

Client Working for

Billing Company (if applicable)

Client Location

Signature

Date

CLIENT AUTHOISATION

I confirm that services were provided as above and understand that my company will be invoiced Accordingly.

Signature

Position

Print Name

Date

PLEASE POST OR E-MAIL THE COMPLETED TIMESHEET TO:
Vetro Recruitment, Aaron House, Caerphilly Business Park, Caerphilly, CF83 3ED
Tel: 02921-660-880 Email: nursing@vrecruitment.co.uk