

PLEASE PROVIDE BACK TO BRANCH BY 11:00 am MONDAY MORNING

PLEASE FAX BACK TO: 02380 613513



Work Record

CLIENT NAME:

Please write your full name here.

LOCATION:

DEPARTMENT:

COST CENTRE No:

REPORTING TO:

Please write the weeks ending date here (Sundays date)

Candidates Name:

Employee Number:

Weekending Date:

Day & Date	Grade Banding	Start Time	Finish Time	Break Deducted (minutes)	Basic Hours	Over Time	Total Hours	Authorisation Signature* <small>(an authorisation signature must be entered against each day's work)</small>	Name	Mileage Incurred

Please write your job type here (i.e. RGN or HCA)

Please write the date and day that you worked here.

*** Client Authorisation Signature**

I confirm that the hours shown above are correct and that the work was performed satisfactorily and in accordance with the prevailing rules and conditions.

This agreement is made between the Client named below ("us", "we", or "our" throughout this document) and the Worker named below ("you", "your" or "yours" throughout the 'direct contract for services' overleaf) and

is subject to the details of Assignment set out below and the definitions and formal agreement terms set out overleaf. In signing this agreement below, both parties confirm they have read, fully understood and agree the terms set out in this document, and the Worker specifically acknowledges that he/she is an External Worker as defined overleaf.

We confirm we have read, fully understand and agree the terms of 'direct contract for services' overleaf.

Client Signature: _____

Candidate Signature: _____

Date: _____



Work Record

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CLIENT NAME:

LOCATION:

DEPARTMENT:

COST CENTRE No:

REPORTING TO:

Please write the care home you have worked for here.

Please write the area location of the care home here.

Please write the name of who you are reporting too here.

Day & Date	Grade Banding	Start Time	Finish Time	Break Deducted (minutes)	Basic Hours	Over Time	Total Hours	Authorisation Signature* <small>(an authorisation signature must be entered against each day's work)</small>	Name	Mileage Incurred

Please write your start time, break and finish time here.

Please get the person running your shift to sign here.

Please sign here before sending us your completed timesheet.

* Client Authorisation Signature
I confirm that the hours shown above are correct and that the work was performed satisfactorily and in accordance with the prevailing

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We confirm we have read, fully understand and agree the terms of 'direct contract for services' overleaf.

Client Signature: _____ Candidate Signature: _____ Date: _____