



**WEEKLY TIME SHEET**

STAFF NAME \_\_\_\_\_ STAFF SIGNATURE \_\_\_\_\_

WEEK COMMENCING SATURDAY \_\_\_\_\_ RGN / HCA circle as appropriate

I sign this to confirm I have carried out the duties listed below, following the NMC guidelines 'Code of Professional Conduct', 'Scope of Professional Practice', and 'Standards for the administration of medicines'.

DAY	DATE	CLIENT	START TIME	FINISH TIME	BREAK TAKEN	CLIENT SIGNATURE	PRINT CLIENT NAME
SAT							
SUN							
MON							
TUE							
WED							
THU							
FRI							

Please note: ALL time sheets should be correctly dated, signed and returned to the office WEEKLY. Breaks will be automatically taken from the hours worked unless it is stated 'no break taken', and this is signed by the client in the appropriate box.

Please write any availability here if it has changed from your monthly availability form:

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## WEEKLY TIME SHEET

### PROCEDURE

1. You must complete a time sheet for every shift you work in any one week, stating the name of the establishment and the hours you worked.
2. The time sheet must ALWAYS be signed by a member of trained staff on the clients behalf, (this will usually be the trained nurse you hand over to for the next shift).
3. If you forget to take your time sheet, write out all of the relevant information on notepaper headed with the establishments name and ensure this is signed as above.
4. Some clients like a copy of your time sheet for their own records. Please carry extra time sheets with you just in case this is needed.
5. Wages are paid directly into your bank account every four weeks. (You have the right to be paid two weekly if you insist.)
6. You must return all signed time sheets to the office weekly.
7. Failure to have your time sheets into the office on time may result in you not being paid for the work you have done until the month after.
8. Please write your availability overleaf if this has changed since you sent in your monthly availability sheet. Failure to send in your availability sheets may result in you not being offered work.

PLEASE RETURN ALL TIMESHEETS TO THE FOLLOWING ADDRESS:

BY POST OR IN PERSON TO

Allcare Nurses Agency Limited  
Allcare House  
31 Wellington Street (St John)  
Blackburn  
BB1 8AF

BY FAX TO

01254 682202

BY EMAIL TO

staff@allcare-uk.com

Telephone number for  
booking shifts or availability

01254 682200