Timesheet Ref No: 205245

In order to facilitate payment, a legible copy of this timesheet must be received by Presto Nursing Limited via Email or Post by 9am on Monday.

Bonus's available for referring a friend or colleague, please contact your account manager for more info. Terms & Conditions apply.

24hr booking line: 0208 175 1111 **payroll@prestonursing.co.uk**

PRESTO NURSING

Hospital/Client Name	
Address	
Name/Type of Ward	
Candidate Name	
Employee Number	
Assignment Grade/Band/Qualification	
Week Ending Date (Sunday)	

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your Presto Nursing contact as to which shift pattern applies before accepting an assignment.

DAY	DATE e.g 01/09/17	START TIME e.g 08:00	FINISH TIME e.g 16:00	BREAK TIME	HOURS WORKED	BOOKING REFERENCE	AUTHORISED SIGNATURE
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Total Hrs							

Total Pay Hours in Words (Excluding Breaks)	

Feedback/Reference/End Of Placement Assessment (For Client Only)

Type (Please tick box)	Poor	Satisfactory	Good	Excellent	Unable to comment	Comments
Reliability & Punctuality						
Clinical Competence						
Appearance						
Attitude to Work						
Quality of Documentation						
Approachable						
Good Communicator						
Punctual						
Team Player						
Worked Autonomously						
Induction Completed by Client						
Overall Performance						
Would you be happy to work with this candidate again?						

Candidate was Wearing ID Badge & a Uniform (if required)

Yes ☐ No ☐

Presto Nursing Limited

10 Saffron Central Square
Croydon, Surrey,
CR0 2FT

24hr booking line: 0208 175 1111
payroll@prestonursing.co.uk
www.prestonursing.co.uk

Approved Signatory

I agree the named person(s) worked hours shown and by signing the timesheet we agree to pay your account in accordance with your terms of business. I understand that a further copy of your terms of business is available on request. I am the authorising signatory for this customer and by signing this timesheet the information is accurate and I approve payment.

Signed by.....

Position.....

Print Name.....

Date.....

Candidate Declaration

I declare that the information I have given on this form is correct and complete and the 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 the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of this claim and the investigation, prevention detection and prosecution of fraud. I can confirm that I have received an appropriate induction and orientation including fire safety at the start of my shift.

Signed by.....

Print Name.....

Date.....

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Any questionable timesheet must be immediately brought to attention of the Local Counter Fraud Specialist or to the Reporting Line.

PLEASE SIGN AND RETURN THE WHITE & PINK COPIES TO PRESTO NURSING LIMITED. BLUE COPY TO BE KEPT BY THE TEMP, YELLOW COPY TO BE KEPT BY THE CLIENT.