



# TIMESHEET

Web: [www.bondhealthcare.com](http://www.bondhealthcare.com)

Phone: 02890 270 747

**TIMESHEET DEADLINE IS 10:00AM ON MONDAY**  
**EMAIL TO: PAYROLL@BONDHEALTHCARE.COM**  
**ONE TIMESHEET REQUIRED PER SHIFT**

Agency Worker's Name..... Week Commencing: Monday.....

Trust Name / Hospital .....

Ward / Unit .....

Hours claimed must be exclusive of breaks. Length of break must also be recorded. **Part hours must be stated in decimals e.g. 15 mins = 0.25**

15 mins = 0.25 hrs  
30 mins = 0.5 hrs  
45 mins = 0.75 hrs

	START	FINISH	BREAKS	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
			<b>TOTAL HOURS</b>	

Mileage (One return journey only)

Home Postcode: \_\_\_\_\_ Client Postcode: \_\_\_\_\_ Total Mileage: \_\_\_\_\_

### TEMPORARY WORKER

I certify that the hours worked are true and correct.

Temp Signature: .....

### CLIENT APPROVAL

We certify that the total hours above are true and correct and we agree to be invoiced in accordance with the terms of business already agreed. Please complete all sections including PO Number / Booking Reference.

Client Name .....

Client Signature ..... Position ..... Date.....

How would you rate the quality of the work provided:

Excellent      Satisfactory      Poor