

## TIMESHEET EMAIL TIMESHEETS@primrosehealthcare.uk

Name and	l Surname							Wee	ek Ending	]		
Clients Ad	ldress:											
Day	Date	Start Time	End Time	Break	Departm	ent Name	Booking reference No.		Total Hours		Authorised by	
SUN												
MON												
TUE												
WED												
THUR												
FRI												
SAT												
Please / as appropriate providing additional assuments in							Total h		T 75	\ <b>0</b>		
Please ✓ as appropriate, providing additional comments in support of the statements made End of Placement Comment							Poor	Satisf actor y	Good	Very Good	Excel lent	
Clinical skills position	s demonstra	ted in line w	ith the requ	iirements o	f the				9			
Relationships with patients, other healthcare workers and the public									7/			
Timekeeping and management of workload						5						
Patient and	other record	s managem	ent	, =								
Reliability												
Communica	tion skills						6					
Supervisory	skills (if app	licable)										
Organisation	nal ability											
Sickness/ab	sence recor	d										
Additional	comments i	n support o	of the state	ments ma	de					•		
Fraud Aut England) ( 4060".	thority: "Any or you may r thorised sigr	questionab report any c For comp natory for m	le timesher ase of fraud letion by the ny ward/dep	et must be d, in confidence he authorist partment. I	immediate ence, to the sed ward/do am signing	ly brought to NHS / Crim epartment s	o the atte estoppers signatory		cal Coun ruption R and the	ter Fraud Seporting Lin	pecialist (within	
Authorised By: Print N					Print Name:	Name:						
Position He	eld:			1	Date:							
Agency wo	rker signatu	ıre			Date							

All timesheets must be emailed on Sunday before 18.00pm. Incomplete timesheets will result in delayed payment. Please use separate timesheets for different clients and remember to make a copy of the timesheet for a client.