TIMESHEET

Please email all timesheets to accounts@optimastaffingsolutions.co.uk.
Timesheets MUST be received by MIDDAY on MONDAY for payment to be made on Friday.
Please complete fully as incomplete or incorrect timesheets may result in delay in payment.

YOUR NAME	
HOSPITAL/HOME	
WARD/UNIT	
ROLE	**RMN** **RGN** **HCA** **BAND:**

WEEK ENDING (SUNDAY):

DAY	DATE	START TIME	BREAK	FINISH TIME	HOURS WORKED (less breaks)	WARD/UNIT	BOOKING REF	AUTHORISED SIGNATURE
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
TOTAL HOURS WORKED IN THE WEEK								

CLIENT AUTHORISATION	CANDIDATES DECLARATION
I am an authorised signatory of above client. I am signing to confirm that the agency worker has worked the hours specified. I confirm that the hours are accurate and I approve payment. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and use by any authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and to Optima's current Business Terms of Business	I declare that the information I have provided on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and use by any authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and to Optima's current Business Terms of Business
Name: **Signature:**	**Name:** **Signature:**
Position: **Date:**	**Position:** **Date:**

CLINICAL & CHARACTER ASSESSMENT

Assessment Criteria	Excellent	Good	Satisfactory	Unsatisfactory
Demonstrates Clinical Competence for role				
Conduct/Behaviour/Attitude/ Team work				
Timekeeping/Punctuality				
Communication skills demonstrated				
Appearance/dressing code				
Overall Performance on shift				
Assessed by: Name: **Signature:** **Role/Position:**				