



PURE FIRST CARE SERVICES LIMITED

22 SPINDLE CRESCENT, P17 2JH. PLYMOUTH
TEL : +44 7855 302635 | EMAIL: Payroll@purefirstcare.co.uk

TIME SHEET

SHIFT REF: _____

NAME _____

QUALIFICATION _____ GRADE _____

CLIENT NAME _____

CLIENT ADDRESS _____

FEEDBACK
MARK OUT OF 3

(1 = poor, 2 = good, 3 = excellent)

PUNCTUALITY

RELIABILITY

TEAMWORK

PLEASE COMPLETE AND RETURN THE TIMESHEET BY MONDAY 12.00 NOON
TIME SHEET IS NOT VALID UNLESS SIGNED OFF BY CLIENT REPRESENTATIVE

You MUST complete a new Timesheet for each client. If you have any queries about how to complete the Timesheet, please get in touch.

DAY	DATE	START TIME	FINISH TIME	BREAK	PAID HOURS	AUTHORISED CLIENT SIGNATORY
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

The above named member of Pure First Care Services Limited worked the hours above and we agree to pay your account in accordance with your terms of business and understand that if we engage the applicant permanently we will pay you your introduction fee for permanent staff. I can confirm that if this is the first shift, the above member has been inducted to the ward & relative policies.

AUTHORISED BY _____ NAME _____

POSITION HELD _____ DATE _____

DECLARATION : I declare that the information I've given on this timesheet is correct and complete and that 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 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 verification of this claim and the investigation, prevention, detection and prosecution of fraud. I know its my responsibility to request an induction on the first day of a placement.

CANDINDATE NAME _____

CANDINDATE SIGNATURE _____ DATE : _____