

# TIMESHEET

TIMESHEET MUST BE RECEIVED BY 12:00PM ON MONDAY

Name	Week ending
Nature of assignment	Report to
Company name and address	

	Date	Start time	Finish time	Overtime hours	Total hours worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total hours worked					

## Authorisation

If a temporary client engages in a permanent position within 6 months of the completion by that temporary of his/her assignment with the client, the client will be liable to the company for the permanent introduction fee.

## Candidate

I declare that the information I have given 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 this disclosure of information from this form to and by any Nursdoc Security Services authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that induction and orientation training and fire safety has been provided by the client. By signing this, you agree to Nursdoc Security Services's candidate terms & conditions that can be found on our website at [www.nursdoc.com/securityservices](http://www.nursdoc.com/securityservices)

Signature
Name
Date

## Client

I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising 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 the information from this form to and by any Nursdoc Security Services authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Nursdoc Security Services's current terms of business.

Signature
Name
Date
Authorised by: (Senior member of staff)