Greater Healthcare Services Ltd
Your health is our Priority

WEEKLY TIMESHEET

Greater Healthcare Services Ltd

Please make sure this timesheet is completed and signed by the supervisor, then forwarded to Greater Healthcare Services no later than 10:00 am on Monday.

Candidate Name		**Location**	
Client Name		**Unit**	
Type of work		**Week Ending (Sunday)**	
Responsible to		**Handover given**	Yes / No

Day	Time started	Break	Time finished	Total hours worked	Signed by client representative
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

TOTAL HOURS WORKED

Client Authorisation
Please check the timesheet is completed correctly before signing. I am authorised to sign this timesheet. By signing below, I confirm that the named agency worker completed the hours shown above and that the information is accurate. I understand that knowingly authorising false information may result in disciplinary action and may lead to prosecution or civil proceedings.

Signed: _____ **Position:** _____
Print Name: _____ **Date:** _____

Comments on the candidate

Candidate declaration
I declare that the information I have given on this form is correct and complete, and that I have not claimed additional hours elsewhere for the same shift. I understand that knowingly providing false information may result in disciplinary action and may lead to prosecution or civil proceedings.

Signed: _____ **Position:** _____ **Print Name:** _____ **Date:** _____