HIGHER HEALTHCARE
DEDICATED TO MAKING A DIFFERENCE
0333 577 0377

HIGHER HEALTHCARE: TIMESHEET

All timesheets must have your full name, client name (ward name if applicable).
Start time, break time and finish time. Total hours is your working hours minus break. All timesheets must be submitted by **09:00AM** on Monday.

• Higher Healthcare Limited •
• Tel 0333 577 0377 option 3 •
• timesheets@higherhc.co.uk •

All timesheets and payroll queries must be to timesheets@higherhc.co.uk or you can call payroll on 0333 577 0377 (option 3)

Candidate Full Name	
Client Name	
Unit(s)/ Section(s)/ Floor(s)	

DAY	DATE	START	BREAK(S)	FINISH	TOTAL HOURS (Minus Breaks)	Name of senior staff verifying and authorising timesheet	Signature & Position of authorised senior staff member	Date	Client Shift Appraisal (*1= Poor & 5= Excellent*)
Monday									1 2 3 4 5
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

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 of Higher Healthcare authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. By commencing my assignment with Higher Healthcare Limited, I understand and agree to the current PSC / PAYE / UMBRELLA (as applicable) candidate contract for services which can be found on the download section of the website – www.higherhc.co.uk

AUTHORISED BY: (SENIOR MEMBER OF STAFF)

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 of Higher Healthcare authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to The People's Healthcare current terms of business.

Candidate Name:_____ **Signature:**_____ **Role:**_____ **Date:** _____

Remember: Always leave a duplicate copy of your correctly completed timesheet with the client by the end of the working week to ensure timely payment.