

Full Name: Job Title:										
Hospital/C	Clinic:		Ward/Department:							
	Booking/PO Number:									
Day	Date	Shift Start Time	Shift Finish	n Time	Break Total	Time	Approva Signature t Breaks not to	or	Total Hours (excluding breaks)	Client Initials
Monday							breaks not the	aken	Dieaksy	
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
							Total Weekly H			1
To be completed I declare that the information hours/shifts detailed a disciplinary action and information from this requirement and the or the state of the stat	d by agency worker: rmation I have given on this fo on this timesheet. I understand I may be liable to prosecutior form to and by the Authority, Counter Fraud Services (or oth tition) for the purpose of verific	orm is correct and complete and d that if I knowingly provide fal n and civil recovery proceeding other Public Sector body and P er similar organisation which o cation of this claim and the inve	I that I have not cl se information this. s. I consent to the rivate entities whi perates in the sam sstigation, prevent	aimed elsev s may result disclosure o o have a sin ne capacity ion, detecti	t in Sof of nilar for any other	ignature	::			
s part of our supply of formation to assist to	of this agency worker we was with finding future wor	lease complete the below secti would be grateful to receiv k for this candidate. Please	e your feedbac	k on the ti	ime the candidat	e has spe				se this
eriod of Employmer	Excellent Good	Satisfactory	Poor				Excellent	Good	Satisfactory	Poor
Clinical Skills		- Cationa Con y		Record	d Keeping					
Relationships				Reliab	ility					
Timekeeping				Communication						
Knowledge				Sickne	ss/Absence Re	cord				
Additional Com	ments:						ould you be ha		eive this candidate	e again?
•	•	t/Clinic/Hospital signato nt/Clinic/Public Sector body/Pr	•	l am	Name:					
signing to confirm that	the Job Profile Title and Band	/Grade of Temporary Workers I understand that if I knowingle	and the hours/shi	ft that I	Position:					
this may result in discip	plinary action and I may be liab	I understand that it I knowingly ble to prosecution and civil reco ld by the Public Sector body and	overy proceedings							
with similar requireme	ents and the Counter Fraud Ser	rvice (or other similar organisat	ion which operate	s in the	Signature:					
		on) in Nigeria for the purpose o ention, detection and prosecution			Date:					