

Timesheet

Please ensure your timesheet is submitted via our website by Tuesday 12 PM.

Email: info@okirihealthcare.co.uk

Telephone queries (9am-5pm): 0330 122 8268

Post: No 32, unit 1 Clarendon Chambers, Clarendon Street, Nottingham, NG1 5LN

To avoid delay in payment, please ensure all fields are completed correctly. Your timesheet must be submitted to us within 21 days of your shift date, in either PDF or JPG format.

rst name					S	urname					
bb title					С	lient name					
Part 2: Use BL	OCK letters a	nd 24-hour tir	ne to com	plete. Ensure	that breaks	are deduct	ed from the t	otal hours.			
Client feedback:	The authorising	signatory must b	oe complete	ed.						CLIEN	IT USE ONLY
Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Grade	Ward/unit	Sleep In		ooking erence#	Client initia
Monday								Yes/No			
Tuesday								Yes/No			
Wednesday								Yes/No			
Thursday								Yes/No			
Friday								Yes/No			
								Yes/No			
Saturday											
Saturday Sunday Total payable hou	urs (excluding b	reaks)						Yes/No			
Sunday Total payable hou	ensure you o	reaks) complete the t				vebsite by	12pm Tuesda		t can be	delayed	if you do no
Sunday Fotal payable hou Part 3: Please meet this dea Candidate declar that the understand that it the disclosure of the Counter Frauthis claim and the	ensure you of dline, or if sultaration: e information I I if I knowingly produced information from aud Services (or e investigation,	complete the tomitted times where given on the ovide false informent this form to and other similar organization, detection, detections.	is form is conation this mation this mation the danisation wh	orrect and complete/uppersonal result in disceptificate Ltd., the consecution of fra	olete and that I ciplinary action, ne Authority, oth the same capacitants.	have not clai and I may be er Public Sec city for any of	med elsewhere liable to prosec tor body and Pr ther Public Sect	y. Paymen for the hour, ution and civivate entities or organisati	s/shifts de I recovery who have on) for the ction inclu	etailed on t proceeding a similar re purpose of ding fire sa	his timesheet gs. I consent equirement ar of verification afety.
Sunday Fotal payable house Part 3: Please meet this dea Candidate declar declare that the understand that it the disclosure of the Counter Frau this claim and th	ensure you odline, or if subaration: e information I I if I knowingly profit information from the Services (or	complete the tomitted times where given on the ovide false informent this form to and other similar organization, detection, detections.	is form is conation this mation this mation the danisation wh	orrect and complay result in disceptible and complay result in disceptible at the complex of the	olete and that I ciplinary action, ne Authority, oth the same capacitants.	have not clai and I may be er Public Sec city for any of	med elsewhere liable to prosec tor body and Pr ther Public Sect	y. Paymen for the hour, ution and civivate entities or organisati	s/shifts de I recovery who have on) for the ction inclu	etailed on t proceedin a similar re purpose o	his timesheet gs. I consent equirement ar of verification afety.
Sunday Part 3: Please meet this dea Candidate declar that the understand that it the disclosure of the Counter Frauthis claim and the Date: Client Authorise am an authorise femporary Work of disciplinary act atd., the NHS, ot same capacity for	ensure you of dline, or if sultaration: e information I I if I knowingly prinformation from the services (or e investigation, Job titler: ed signatory for ers and the hou then, and I may I ther Public Sector any other Pub	complete the tomitted times where given on the ovide false informent this form to and other similar organization, detection, detections.	is form is on antion this matter than the ment/NHS/F authorising authorities at entities eation) in En	orrect and complete/unay result in disconsisted and complete by the print of the print name: Print name: Public Sector because accurate and are accurate and are including the print of the pulgland for the pulgland for the pulgrand requirements.	blete and that I ciplinary action, the Authority, oth the same caparud. I can confirm the same caparud. I can caparud. I caparud. I can caparud. I c	have not clai and I may be er Public Sec city for any of n that I have i or body. I am ment. I unde: issent to the d ne Counter F ation of this cl	med elsewhere liable to prosector body and Prother Public Sectoreceived an appoint signing to contract that if I k isclosure of informad Service (olaim and the inv	y. Paymen for the hour. ution and civi vate entities or organisati ropriate indu firm that the nowingly pro- rmation from r other simila	s/shifts de I recovery who have on) for the ction inclu Candidat Job Profill vide false this form r organisa	etailed on to proceeding a similar representation of the purpose of the signature de Title and information to and by the proceeding to and by the proceeding to another the proceeding to the pr	his timesheet gs. I consent equirement ar of verification ifety. : Band/Grade in this may res Okiri Healthca operates in t

- 1. All required fields within the timesheet are completed
- 2. The timesheet is signed and dated by both yourself and the client
- 3. The timesheet is submitted no later than 12pm Tuesday
- 4. The timesheet is clear and legible
- 5. All breaks are stated on the timesheet
- 6. The correct day and date are entered. Do not use another day if you work past midnight