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East Point Care
Nursing Agency

No:

Staff Name: Job Title: Nurse Carer

Placement & Unit: Staff Reference No:

Day	Date	Start Time	Finish Time	Break	Hours Worked	Bank Holiday	Authorised Signature
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
TOTAL HOURS:							

Agency Worker's signature

.....

Date.....

<p>IMPORTANT NOTE: No payment will be made unless all copies of this time sheet are signed by an Authorised Agent of the Client.</p>
<p>Time sheet to reach Agency Office by 9.00am the following Tuesday.</p>
<p>DISTRIBUTION OF COPIES: White: EAST POINT CARE Yellow: CLIENT COPY Pink: OPERATIVE COPY</p>
<p>Being a duly Authorised Signatory I agree that the work shown in TOTAL HOURS are correct. I also accept the terms and conditions for introduction of temporary/sub-contract workers.</p>
<p>Name: (IN BLOCK LETTERS)</p>
<p>Position of Authorising Agent:</p>
<p>Signature:</p>