



Timesheet

Email timesheets to: timesheets@astonnursing.co.uk
 Payroll Enquires to: payroll@astonnursing.co.uk | P: 0333 577 5701 opt 4
 Address : 3 Tanglewood Close, London, CR0 5HX
www.Astonnursing.co.uk

Important: Please complete using a black ball point pen and write in capitals. All timesheets for the week ending Sunday must be returned to the office 12 noon Monday.

Worker Name:	Client Name: (If Community Client - ONLY use client code)
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Pin: (If applicable)	Client Address: (If Community Client- ONLY use client code)
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Grade: (Circle) HCA RGN RMN RSCN THEATRE A&E ITU ANP ENP MIDWIFE	Ward/ Unit:
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Shift Type: circle SLEEP IN IN CHARGE

Date of Shift		Working Time (24 hr clock)				Rest Breaks: Unless Aston Nursing Services and the client agree on other arrangements, no break is to be deducted for shifts under six hours long. 20 minutes are deducted for shifts between 6 to 6½ hours. 30 mins for shifts lasting between 6 ½ to 9 hours. For day and night shifts longer than 9 hours, 1 hour. A break will be deducted if client offers a break. If a different break option is provided or no break is offered, you MUST ask the client to initial to authorise the actual break taken. "No Break" must be written if no break was provided CLIENT BREAK AUTHORISATION: Initial
DAY	DATE	START	FINISH	BREAK (mins)	TOTAL HRS (excl breaks)	

Start Journey Postcode	End Journey Postcode	Total Miles Claimed	Business Mileage: Please fill out a separate mileage form and submit with this timesheet if you want to claim business mileage for visits to domiciliary clients. Please Note: You MUST have valid car insurance in order to claim mileage. Personal Mileage is limited to 100 miles from the point of departure.

I certify the above details are correct to the best of my knowledge and belief. Additionally, I certify that any travel expenses I have listed were necessary in the performance of my duties or travelling in order to perform my work for Aston Nursing Services at a temporary workplace and I have enclosed and retained receipts or other valid contemporaneous records of the expenses incurred. I understand these details will be checked before the timesheet is paid, any incomplete or illegible timesheets will result in the form being returned to the worker and a delay in payments. I am aware that any incomplete or poorly written timesheets will be returned and there may be a delay in payment. I am aware that providing incorrect information will subject me to disciplinary action as well as the possibility of criminal prosecution and civil recovery actions. In regards to this timesheet, Aston Nursing Services will co-operate with any investigation. I acknowledge that, as part of my participation, information disclosed may be passed to third parties including NHS trusts, hospitals, NHS auditors, NHS CFA, tax and law enforcement authorities and employment screening agencies.

Worker Signature:	Notes/ Booking Reference/ PO Number:
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Specialty/Position:	Date:
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For Client Only

Practice Related Feedback: Please circle as appropriate:	Excellent	Very Good	Good	Average	Induction delivered on shift:	Yes	No
If a uniform was worn was it an Aston one? Yes No n/a	Would you like us to contact you regarding your feedback? Yes No			Tel:			

I am authorised to sign this timesheet. I have checked that all hours shown and qualification claimed, together with any specialist enhancements are correct. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. **Note to client:** Please can you ensure you appraise the performance of the worker using the practice related feedback above.

Client Signature:	Printed Name:
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Position:	Date:
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