



Timesheet No.

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Time Sheet Instructions

Time sheet must be signed by the person authorised to sign at the end of each shift. Complete a separate time sheet for different clients.

Name	<input type="text"/>
Mimosa Staffing ID No.	<input type="text"/>
Client	<input type="text"/>
Band	<input type="text"/>

Booking Reference	Shift Date	Shift Start Time (24 Hours)	Shift End Time (24 Hours)	Less Total Break Time (Hours : Minutes)	Total Hours Worked (Hours : Minutes)	Authorised Signature	Print Name	Date
Ward				Monday - Total Hours Worked In Long Hand				
Ward				Tuesday - Total Hours Worked In Long Hand				
Ward				Wednesday - Total Hours Worked In Long Hand				
Ward				Thursday - Total Hours Worked In Long Hand				
Ward				Friday - Total Hours Worked In Long Hand				
Ward				Saturday - Total Hours Worked In Long Hand				
Ward				Sunday - Total Hours Worked In Long Hand				

Declaration by Authorised Person

I am signing above to confirm that the hours worked, band and staff, which I am authorising, are accurate.

Declaration by Agency Worker

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 details 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.

Total Weekly Hours Claimed (Hrs:Mins)	
Signature	Date
Worker Name	

Induction / Orientation by Agency Worker

I have / have not been given an induction / ward orientation.

Ward Name
Signature

Client Feedback

We would greatly appreciate it if you could provide us with a follow up assessment for this agency worker's time at this hospital. Please note that this information may be used as a reference for future temporary positions. Please tick the box which most reflects your view on the worker.

	Excellent	Good	Average	Poor		Excellent	Good	Average	Poor
Clinical Skills					Appearance				
Relationship with Patients					Professionalism and Conduct				
Relationship with Colleagues					Punctuality				
Client Signature						Future Employment - Would you be happy to receive this agency worker again?			
Date / /						Yes / No			
Print Name (Capitals)									

TIME SHEETS TO BE SUBMITTED TO MIMOSA OFFICE NO LATER THAN 12PM MONDAY-TO BE PAID ON FRIDAY

Day Rate: Mon - Fri, 06:00hrs - 20:00hrs **Night Rate:** Mon - Fri, 20:00hrs - 06:00hrs **Night Rate:** Sun Midnight - Mon 06:00hrs
Saturday Rate: Fri Midnight - Sat Midnight **Sunday Rate:** Sat Midnight - Sun Midnight **Bank Holiday Rate:** Midnight to Midnight

White copy for Agency - Yellow copy for client

Any questionable timesheet must be brought immediately & confidentially to the attention of the NHS Fraud and Corruption Reporting Line - Freephone 0800 028 40 60