

***** Please complete the form in CAPITAL letters *****

First Name																				
Last Name																				
Job Title																				
Hospital																				
Dept./Ward																				

DETAILS OF SHIFT						
	DATE	START TIME	FINISH TIME	BREAK	HOURS WORKED	*** REFERENCE NUMBER ***
Monday	D D M M Y Y	H H : M M	H H : M M	H H : M M	H H : M M	0 0 0 0 0 0 0 0 0 0 0 0
Tuesday	D D M M Y Y	H H : M M	H H : M M	H H : M M	H H : M M	0 0 0 0 0 0 0 0 0 0 0 0
Wednesday	D D M M Y Y	H H : M M	H H : M M	H H : M M	H H : M M	0 0 0 0 0 0 0 0 0 0 0 0
Thursday	D D M M Y Y	H H : M M	H H : M M	H H : M M	H H : M M	0 0 0 0 0 0 0 0 0 0 0 0
Friday	D D M M Y Y	H H : M M	H H : M M	H H : M M	H H : M M	0 0 0 0 0 0 0 0 0 0 0 0
Saturday	D D M M Y Y	H H : M M	H H : M M	H H : M M	H H : M M	0 0 0 0 0 0 0 0 0 0 0 0
Sunday	D D M M Y Y	H H : M M	H H : M M	H H : M M	H H : M M	0 0 0 0 0 0 0 0 0 0 0 0
					Total Hours	

Wrere Limited operates a weekly payroll. Any timesheets received before 12pm on Monday will be processed and paid that week. Please send us your timesheet by post or email to payroll@wrere.co.uk

Wrere Limited will only process a timesheet with a signature from an authorised person.

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 detailed on this timesheet. I understand that if I knowingly provide false information, this might result in disciplinary action and I might be liable to prosecution and civil recovery proceedings. I consent to disclosure of information from this form to and by the company manager for the purpose of verification of this claim and this investigation, prevention, detection and prosecution of fraud".

Please tick to confirm that you have had an induction in the company

Client Signature: _____ **Print Name:** _____

"I am an authorised signatory for my board/department/company. I am signing to confirm that the job profile title and the band of agency workers and the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information, they may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to disclosure of information from this to and by the company in England for the purpose of verification of this claim and the investigation, prevention, detection and Prosecution of fraud".

I understand and agree to Wrere Limited current terms of business.

Candidate Signature: _____ **Print Name:** _____

Any questionable timesheet must be immediately brought to the attention of the local counter fraud specialist (within England) or you may report any case of fraud in confidence to the Recruitment Agency: 07300494070