Emergency Personnel Staff Timesheet
Please make THREE copies of this document
1st copy send ONE to Emergency Personnel
2nd copy leave with Client
3rd copy keep for your own record

Please E-mail or fax your timesheet before Monday 12 pm
Email: timesheets@emergencypersonnel.co.uk
Tel: 0207 407 6620
Fax: 0207 990 9454

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Client Name</th>
</tr>
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<tbody>
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Section 1: Please write clearly and in block capitals YOUR FIRST NAME, SURNAME and CLIENT (one letter per square)

| Day | Date | Start Time | Total Break | Finish | Total Hours (Excl. Breaks) | Grade (e.g. HCA / RN / Specialty) | Unit/Room worked on (if any) | SENIOR MEMBER OF STAFF NAME | INDUCTION COMPLETED FOR THIS ASSIGNMENT* | RATING CANDIDATES PERFORMANCE 1 – POOR 4 – EXCELLENT * | WOULD YOU ALLOW THIS PERSON TO COME BACK (YES OR NO) * | SENIOR MEMBER SIGNATURE |
|-----|------|------------|-------------|--------|---------------------------|------------------------------------|-------------------------------|-----------------------------|--------------------------------|------------------------------------------|-------------------------------------------|-----------------------------------------------|------------------------------------------|
|     |      |            |             |        |                           |                                    |                               |                             |                            |                                          |                                          |                                               |                                          |

Section 2: Please complete what hours you have worked using 24hr including any breaks. If no breaks please write NB. IT IS MANDATORY TO ASK A SENIOR MEMBER TO COMPLETE SECTIONS WITH *

Total Hours minus breaks:  

Additional client comments:

Section 3: Please ensure you timesheet is fully completed and sent to payroll before Tuesday at 12pm to secure payment for Friday of the same week, failure to do so will affect you being paid on time

Candidate Name

Candidate Signature

Date:

SCORING MEASURES

<table>
<thead>
<tr>
<th>1 – POOR</th>
<th>2 – SATISFACTORY</th>
<th>3 – GOOD</th>
<th>4 – EXCELLENT</th>
</tr>
</thead>
</table>

152x226

NHS Collaborative Procurement Partnership
National Clinical Staffing Framework

BMF002 V2