

Week Ending: Sunday ...../...../.....

**TEMPORARY WORKER DETAILS**

REFERENCE

Name

Job Title

Signature

Date

Day	Date	Time in		Time out		Break		Total	
		Hrs	Min	Hrs	Min	Hrs	Min	Hrs	Min
<b>Monday</b>									
<b>Tuesday</b>									
<b>Wednesday</b>									
<b>Thursday</b>									
<b>Friday</b>									
<b>Saturday</b>									
<b>Sunday</b>									
<b>Total hours worked</b>									

**A completed timesheet must reach the Betrix24 Healthcare Ltd. office signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.**

*Betrix24 Healthcare Ltd. reserves the right to withhold payment until the hours can be verified by the client.*

*Your timesheet can be sent via Email to: payroll@betrix24healthcare.co.uk*

*Please ensure you have deducted breaks and totalled the hours to the nearest 15 mins correctly before signing. Final total should be entered in decimal e.g. 37.50 instead of 37 ½*

**CLIENT AUTHORISATION**

*I hereby certify that the hours worked are correct and the work was completed to the client's specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client's invoice. I accept Betrix24 Healthcare Ltd. terms of business. I confirm that I am authorised to sign on behalf of the client.*

Name

Job Title

Company

Unit/Ward

Signature

Date

**Any questions? Please call Betrix24 Healthcare Ltd. on 07859375710**

**Email: info@betrix24healthcare.co.uk    Web: www.betrix24healthcare.co.uk**

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