

Complete and Return

Agency Worker Timesheet

Assignment Details

Candidate Name:	Client Name:
Job Role:	Site/Address:
Week Ending:	Cost Centre:

Please ensure all sections of this form are completed fully, with both signatures and dates completed prior to submission. Times should be rounded to the nearest quarter hour. Timesheets must be received no later than 10am on Monday morning. Late timesheets may result in a delay in payment being made.

Please submit timesheets to office@oikoshealthcaresolutions.co.uk

(For Rating, Please use the following system: **P**=Poor, **A**= Adequate, **E**= Excellent)

	Date	Start Time e.g. 08:00	Finish Time e.g. 17:00	Time Taken for Breaks e.g. 15 mins	Total Hours Worked (minus breaks)	Client Initials	RATING
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
			·	Weekly Total			

Declaration

I confirm that all information given is correct and true to the best of my knowledge.

Candidate Signature	Date
Client Authorised Signature	Date
Client Print Name	Position

Client note: In signing the declaration you are confirming the number of hours stated are correct and have been worked to satisfaction, you accept on behalf of your Company, a charge for these hours. You agree to pay workwell outsourcing in respect of the hours given within agreed payment terms based on date of invoice. You confirm that OIKOS HEALTHCARE SOLUTIONS LTD Terms and conditions are the sole terms of the contract.

1. In the event of the engagement by the client of a temporary worker supplied by the employment business either (1) directly or (2) pursuant to being supplied by another employment business, within either:- the duration of the assignment; or 14 weeks from the start of the first assignment (the first assignment being each new assignment where there has been a break of more than 42 days (6 weeks) since the end of previous assignment); or 8 weeks from the day after the last day the temporary worker worked on the assignment the client shall be liable, to either an extended period of hire or a transfer fee the length or amount of which is to be agreed between the employment business and the client. For further information, please refer to clauses 8 of the contract and confirmation of terms of business.

2. All invoices for services will be provided by easypay services Itd t/a workwell outsourcing and oikos healthcare solutions Itd hereby assigns all debt to easypay services limited t/a workwell outsourcing.

Nursing	Health care	Social care	Support
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