

Scan Timesheets to [payroll@inscorhealthcare.co.uk](mailto:payroll@inscorhealthcare.co.uk)  
 They must reach us by 12 noon on Monday

Inscor Healthcare, 71-75 Shelton Street, Covent Garden, London WC2H 9JQ

Tel: 03339874240

Fax: 02071128131

STAFF NAME									
JOB ROLE					WEEK ENDING				
CLIENT NAME									
DAY	DATE	START	FINISH	BREAK	HRS WORKED	WARD/UNIT	Authorised by:		
							Name	Signature	Position
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

I declare that the hours reported on this timesheet are correct, have been worked and have not been claimed elsewhere. I understand that if I knowingly provide false information this may result in disciplinary action and may be liable to prosecution and civil recovery proceedings. I can confirm that induction, orientation training and fire safety has been provided by the client.

Total time worked :	Inscor Healthcare Staff Signature:
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**CLIENT INFORMATION-** The above member of Inscor Healthcare Ltd worked the hours shown above and by signing this timesheet, we agree to pay you in accordance with Inscor Terms of Business. We understand and agree that if we engage this applicant for a Bank or Permanent role within six calendar months of their last assignment with us, an introduction fee is payable in accordance with Inscor Terms of Business.