Timesheet

Please ensure your timesheet is submitted via our website by Monday 10 AM

Email: info@openheartshealthcare.co.uk

Telephone queries (9am-5pm): 0774 155 9080

Post: 48 Dell Crescent, Northampton, NN3 8SG

To avoid delays in payment, please ensure all fields are completed correctly. Timesheets should be submitted as soon as possible and normally within 21 days of the shift date. Late submission may delay verification and processing, in either PDF or JPG format.

Part 1: Use BLOCK letters and ensure you have completed all fields.

First name		Surname	
Job title		Client name	

Part 2: Use BLOCK letters and 24-hour time to complete. Ensure that breaks are deducted from the total hours.

Client feedback: The authorising signatory must be completed.	CLIENT USE ONLY

Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Role	Ward/unit	Sleep in	Booking reference#	Client initials
Monday								Yes/No		
Tuesday								Yes/No		
Wednesday								Yes/No		
Thursday								Yes/No		
Friday								Yes/No		
Saturday								Yes/No		
Sunday								Yes/No		

Total payable hours (excluding breaks)	

Part 3: Please ensure you complete the time sheet in full and submit it via our website by Monday 10 AM. Late, incomplete or unclear timesheets may delay the processing and verification of your hours.

Candidate declaration:
I confirm that the information provided on this timesheet is accurate and complete and that the hours and shifts shown were worked as stated. I understand that deliberately providing false information may result in disciplinary or contractual action and, where appropriate, referral to the relevant authorities. Information contained within this timesheet may be used by Open Hearts Healthcare Ltd and the relevant client for payroll, invoicing, compliance, audit and fraud-prevention purposes in accordance with applicable data protection legislation. Personal information contained within this timesheet will be processed in accordance with our Privacy Notice. I confirm that I received the site/assignment induction required by the client, including relevant health and safety and fire safety information.

Date:	Job title:	Print name:	Candidate signature:

Client Authoriser:
By signing this timesheet, I confirm that the information provided is accurate and complete and that the hours shown were worked as stated. I understand that deliberately providing false information may result in disciplinary or contractual action and, where appropriate, referral to the relevant authorities. Information contained within this timesheet may be used by Open Hearts Healthcare Ltd and the relevant client for payroll, invoicing, compliance, audit and fraud-prevention purposes in accordance with applicable data protection legislation.

Date:	Job title:	Print name:	Client authoriser signature:	Cost centre stamp (if applicable):

Timesheet instructions

To avoid delays in payment, please ensure that:

1. All required fields within the timesheet are completed
2. The timesheet is signed and dated by both you and the client
3. The timesheet is submitted by 10:00 AM on Monday following the week worked
4. The timesheet is clear and legible
5. All breaks and the correct shift type are stated on the timesheet
6. The correct day and date are entered. Do not use another day if you work past midnight