

Weekly Timesheet



COUNTRYWIDE MEDICAL SELECTION LTD | EASTGATE HOUSE, EASTGATE STREET, WINCHESTER, HANTS SO23 8DZ
 TEL 01962 867000 | FAX 01962 865 654

PROFESSION

THERAPISTS NAME

ADDRESS

NAME OF HOSPITAL

DAY	DATE	START TIME	FINISH TIME	HOURS WORKED (EXCLUDING LUNCH)
MON				
TUES				
WED				
THURS				
FRI				
SAT				
SUN				
TOTAL HOURS				

It shall be the responsibility of the Agency Worker and/or supplier to confirm the recorded number of hours worked by the Agency Worker and any meal or rest break taken during the period of the assignment on this timesheet.

To be completed by agency worker

ONLY if your payment details have changed, please enter details:

Account Number

Sort Code - -

Bank Name

Branch

If this is your last week working for the agency, please tick this box

Please tick present grade

HELPER	<input type="checkbox"/>
NEWLY QUALIFIED	<input type="checkbox"/>
BASIC GRADE/BAND 5	<input type="checkbox"/>
SENIOR II/BAND 6	<input type="checkbox"/>
SENIOR I/BAND 7	<input type="checkbox"/>
HEAD IV	<input type="checkbox"/>
HEAD III	<input type="checkbox"/>

To be completed by the authorised signatory

Signature

Date

Print Name

Cost centre stamp
(if applicable)

Position

- PLEASE COMPLETE FORM AND FAX THIS DOCUMENT TO US BEFORE TUESDAY -