

Time Sheet

Section 1

Please Fax on completion to 020 3773 8188

Name																			
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Client																			
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Section 2 To be completed by the Agency Worker

Please ensure your completed timesheet is submitted to Austin Dean Recruitment by **Monday 12:00 PM**, the timesheet must be signed by the candidate and client, otherwise there may be a delay in your payment.

	Date	Start Time	Finish Time	Break	Hours Claimed	Site Worked At	Signature to confirm hours worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total (Minus Breaks)							

Section 3: To be completed by the Client – Senior Member of Staff Authorised only

I am an authorised signatory of the above named client. I am signing to confirm that Locum / GP / Nurse / AHP worked the hours/shift that I am authorising are accurate and I approve payment.

Authorising Signatory Name:	Signed:
Position:	Date:

Fax: 020 3773 8188 | E-mail: fax@austindean.co.uk

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