

TIMESHEET

FIRST NAME:		SURNAME:	
HOSPITAL:		WARD/DEPT:	
DATE:		WORKER SIGNATURE:	
I can confirm that the information I have given is correct and in accordance with HG Health Staff Handbook. I understand that if I knowingly provide false information this may result in disciplinary action.			

Please confirm that you have had an induction in the trust which included local fire safety.

Please complete the below section in 24-hour clock format and date format dd/mm/yy. If no break was taking enter "NONE" if you do not enter anything in the break column, then the break time will automatically be deducted.

Client Feedback: **We would greatly appreciate if you could fill the below feedback sections. This may be used as references for the temporary worker in the future**

DAY	DATE	START	BREAKS	FINISH	TOTAL HOURS	BOOKING REF	AUTHORISING SIGNATURE	SHIFT FEEDBACK	1*	2*	3*	4*	5*
									(SEE BELOW)	(SEE BELOW)	(SEE BELOW)	(SEE BELOW)	(SEE BELOW)
MON								General Conduct					
TUES								Work Performance					
WED								Record Keeping					
THU								Time Keeping					
FRI								Teamwork					
SAT								Relationships with parents					
SUN								Any other relevant comments					
TOTAL HOURS:													

Would you re employ the applicant? Yes No

AUTHORISING NAME:		AUTHORISING SIGNATURE:	
DATE:			
I can confirm that I am an authorised signatory for my ward/department/NHS Body. I understand that if I knowingly provide false information this may result in disciplinary action.			

SHIFT FEEDBACK: 1. EXCELLENT 2. GOOD 3. SATISFACTORY 4. BELOW 5. POOR
