

PLEASE NOTE: If the correct timesheet is not completed, it will be returned to

you. Must be submitted by MIDNIGHT every Monday to

timesheets@hansongrey.com PLEASE CHECK CAREFULLY before completing

and submitting.

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 Group Staff Handbook. I understand that if I knowingly provide false information this may result in disciplinary action. | | |

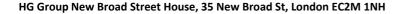
Please confirm that you have had an induction in the trust which included local fire safety.

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 | | SHIFT FEEDBACK | | 1* | 2* | 3* | 4* | 5* |
|------------|---|------------|--------|---------|-------------|--------------------|-------------|-----|-----------------------------|--------------------------------|-------------|-------------|-------------|-------------|-------------|
| | | | | | | | SIGNATU | JRE | | | (SEE BELOW) |
| MON | | | | | | | | | General Conduct | | | | | | |
| TUES | | | | | | | | | Work Performance | | | | | | |
| WED | | | | | | | | | Record Keeping | | | | | | |
| THU | | | | | | | | | Time Keeping | | | | | | |
| FRI | | | | | | | | | Teamwork | | | | | | |
| SAT | | | | | | | | | | Relationships with patients | | | | | |
| SUN | | | | | | | | | Any other relevant comments | | | | | | |
| TOTAL | HOURS: | | | L | | | | | | | | | | | |
| | Would you re employ the applicant? Yes No | | | | | | | | | | | | | | |
| AUTH | HORISING | | | | | | | | | | SHIFT | FEEDBAC | K: | | |
| N | IAME: | | | | AUTHORISIN | G | | | | | 1. | EXCELLE | NT | | |
| DATE: SIGI | | SIGNATURE: | | 2. GOOI | | | GOOD | | | | | | | | |
| | | | | | | | | | | | | SATISFA | CTORY | | |

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.







4. BELOW

5. POOR



Bwrdd Iechyd Prifysgol Hywel Dda University Health Board