



Time sheet

Email timesheets to : payroll@hedronhealthcare.co.uk

BRANCH

TIMESHEETS ARE SUBMITTED MONDAYS - CUT OFF TIME : 1200 NOON FOR FRIDAY PAYMENT

CLIENT NAME & ADDRESS					STAFF NAME, SURNAME & SIGNATURE				
DATE	START TIME	FINISH TIME	SUB TOTAL	LESS BREAK	TOTAL HOURS WORKED	WARD / PATIENT	JOB TITLE or BAND	CLIENT's name / initials	
TO BE COMPLETED BY CLIENT						Hours in Words			
I certify that the hours shown above have been worked by the named staff and should be invoiced accordingly as per Hedron Healthcare Ltd terms and conditions. Signed..... Position..... Date.....									

ANY ALTERATIONS MUST BE DISCUSSED AND COUNTERSIGNED BY THE CLIENT

Payroll QUIRIES – FREEPHONE - 0800 046 0338