



Candidate Timesheet

Candidate Name: Grade:

Site Name:

Day	Date	Shift Start Time	Shift Finish Time	Break Deduction	Total Hours Worked (Minus Breaks)
Monday	/ /				
Tuesday	/ /				
Wednesday	/ /				
Thursday	/ /				
Friday	/ /				
Saturday	/ /				
Sunday	/ /				
				Total:	

Please submit your Timesheet by email to admin@pjhr.co.uk or fax on 020 3475 9980, before Monday 11am for payment the same Friday.

Candidate Declaration

I declare this timesheet is accurate and I have not claimed elsewhere for these hours or shifts. I understand that knowingly providing false information may result in disciplinary action, prosecution and or civil recovery proceedings. I consent to the disclosure of this timesheet information to any regulatory body for the purposes of verification, investigation, prevention, detection and or prosecution of fraud.

Candidate Signature:

Date:

Authorised Member of Staff

I am an authorised signatory at the above named client. I agree to abide by Paul James Healthcare Recruitment T&Cs. I confirm that the hours/shifts on this timesheet are accurate and I approve payment accordingly. I understand that knowingly providing false information may result in disciplinary action, prosecution and or civil recovery proceedings. I consent to the disclosure of this timesheet information to any regulatory body for the purposes of verification, investigation, prevention, detection and or prosecution of fraud.

Name:

Position:

Signature:

Date:

Unless otherwise agreed, breaks are not paid.