



**Mere Green
Healthcare**

TIMESHEET

Timesheets must be scanned and emailed Weekly to Payroll@meregreenhealthcare.co.uk by Monday 9 am to be paid Friday. Any timesheets sent in after this time will not be processed and paid until the following week.

CLIENT NAME:		CLIENT ADDRESS:	
CANDIDATE NAME:		GRADE/BAND:	

DAY	DATE	START TIME	END TIME	BREAK TIME	HOURS WORKED	BOOKING REF	CLIENT AUTHORISED SIGNATURE
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
TOTAL HOURS							

Approved Client Signature

I am the authorised signatory for this placement. I am signing the below to confirm that all the information in this timesheet is correct and accurate at the time of signing. I agree to pay Mere Green Healthcare in respect of the hours given within the payment terms agreed. I confirm the Mere Green Healthcare terms and conditions are the sole terms of the contract.

Signed by:		Print Name:		Date:	
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Candidate Working

I declare all the information on the timesheet is 100% correct and accurate at the time of signing. I have not claimed for hours or days on this timesheet that are inaccurate. I am aware that if I knowingly sign inaccurate information this may result in disciplinary action and Mere Green Healthcare may proceed with legal action. Mere Green Healthcare reserves the right to report any discrepancies to the NHS Counter Fraud and Security Management Service.

Signed by:		Print Name:		Date:	
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