



Alpha Quality Care, Office 625, Hyde Park , Building no 3,11 Millington Road, Hayes, Middlesex, UB3 4AZ

Telephone: (020) 8988 2350 Mobile No: 07535 881880 Email address: [info@alphaqualitycare.co.uk](mailto:info@alphaqualitycare.co.uk)

Staff Name: \_\_\_\_\_ Pay roll Ref. No. (Office use): \_\_\_\_\_

Job Title: \_\_\_\_\_ Week Ending (Sunday): \_\_\_\_\_

Client Name/No: \_\_\_\_\_ Dept/Ward: \_\_\_\_\_

	Date (dd/mm/yy)	Start Time	Finish Time	Break Time	Hours Payable	RN in Charge: (YES/NO)	Booking reference number (if applicable)	Mileage (if applicable)	CLIENT (to complete)
									*Authorised Signature Name
Mon									Name: Sign:
Tues									Name: Sign:
Wed									Name: Sign:
Thur									Name: Sign:
Fri									Name: Sign:
Sat									Name: Sign:
Sun									Name: Sign:
Total Weekly Hours:									

**CLIENT:** \*I am an authorized signatory for my ward/department. I am signing to confirm that the job Profile Title and/or Band of Agency Worker and the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution of fraud. I also confirm that I have read and accept Alpha Quality Care Terms and Conditions. Any questionable timesheet must be brought to attention of Alpha Quality Care.

**Rest Breaks** - Unless otherwise agreed between Agency and Client. For shifts up to 6 hours in length no break is deducted. For shifts of 6 to 6.5 hours, 20 minutes. For shift 6.5 hours - 9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr. If a break is offered by a client, it will be deducted. If an alternative other than the standard break is offered, you MUST complete the break actually taken and the client is required to initial to authorise. If no break is offered you must write "no break".

**Practice related feedback from client**

Please comment of overall performance of this worker during the shift to provide practice related feedback

Please circle:

Excellent                  Very good                  good                  Average                  Initial of client \_\_\_\_\_

**AGENCY WORKER** (to complete): I declare that the information that I have given on this form is correct and complete. I have not claimed elsewhere for the hours and shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Please submit scan copy only by after-noon on Monday. Receipt of time sheet is the only means of receiving payment.

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