



# IMER CARE SOLUTIONS LTD.

## TIME SHEET No.

**PAY PERIOD ENDING SUNDAY**

**PLEASE NOTE EACH TIME SHEET COVERS ONE WEEK ONLY**

WHEN SHIFTS FALL INTO MORE THAN ONE WEEK, PLEASE USE A SEPARATE TIME SHEET FOR EACH WEEK

Name of Agency Staff  
.....  
Identity No. ....  
Signature .....

Name of Hospital  
.....  
Ward .....

DAYS	DATE	FROM	TO	HOURS	MINS	OFFICIAL BREAKS	DAY (7.30am-8pm)	NIGHT (7.30pm-8am)	GRADE	AUTHORISED SIGNATURE
MON										
TUES										
WED										
THURS										
FRI										
SAT										
SUN										
BANK HOLIDAY										
<b>TOTAL HOURS</b>										

To avoid delays in payment, **ORIGINAL** authorised time sheet(s) must be submitted before **09.00am on Monday**.  
Return the original time sheet in the post; non-receipt of time sheet(s) will result in delayed or no payment.

**AUTHORISED SIGNATURE FOR AND ON BEHALF OF CLIENT**

I understand that my signature confirms the agency staff whose details appear on this form has worked the hours stated above. I also understand that these details will be used in the calculation of their wages and the invoice.

TOTAL HOURS WORKED ..... CLIENT TITLE .....

DATE ..... SIGNATURE .....

PRINT NAME ..... SIGNATURE .....

STAFF BOOKED FOR NEXT WEEK: YES NO

Top Copy Imer Care 2nd Copy Client 3rd Copy Nurse record

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Registered in England and Wales: Registration No. 6394459