Issue Number 1000

TIME SHEET

NEN Healthcare Ltd T/A (North East Nursing)
Richmond House
38 High Street
Hurstpierpoint
West Sussex
BN6 9RG

Tel: 0191 280 2751
Fax: 0808 280 1827

northeastnursing.ltd@mail.com

Name: ……..

Assigned With:
(Company Name): ……

Week Ending: ……

	START TIME	FINISH TIME	BREAKS / LUNCH	STANDARD HOURS	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL					

Timesheets must reach our office **Monday at 2pm** otherwise NO payment will be made until the timesheet is received. Timesheets can be faxed, posted or emailed to the office. No allowances can be made if you decide to post your time sheet and it doesn't arrive in time.

FOR COMPLETION BY CLIENT

I/We confirm the hours given are correct. The standard of work was satisfactory and we accept a charge for these hours. I/We agree to pay Bibby Financial Services in respect of the hours given within 7 days of the invoice date. I/We confirm that NEN Healthcare Ltd terms and Conditions are the sole terms of the contract.

1. In the event of the engagement by the client of a Temporary Worker supplied by the Employment Business either (1) directly or (2) pursuant to being supplied by another Employment Business, within either:- The duration of the Assignment; or 14 weeks from the start of the first Assignment (the first Assignment being each new Assignment where there has been a break of more than 42 days (6 weeks) since the end of previous Assignment); or 8 weeks from the day after the last day the Temporary Worker worked on the Assignment the Client shall be liable, to either an extended period of hire or a transfer fee the length or amount of which is to be agreed between the Employment Business and the Client. For further information, please refer to clauses 8 of the Contract and Confirmation of Terms of Business. 2. All invoices for services will be provided by Bibby Financial Services and NEN Healthcare Ltd hereby assigns all debt to Bibby Financial Services

AGENCY STAFF QAULITY ASSURANCE QUESTIONNAIRE

1) Did our member arrive in time for their shift?	Yes / No	5) Overall, how do you rate our service to you?	Fair / Good / Poor
2) Did our member arrive appropriately dressed?	Yes / No	6) Are you happy for this staff member to return to your home?	Yes / No
3) Did our member deliver a high standard of care?	Yes / No	7) Are you fully aware of our 24 hour contact system?	Yes / No
4) Did our member work as part of a team?	Yes / No	8) Are there any other comments or suggestions you wish to make? If so leave below;	Yes / No

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Signature …….. Position ……..

Print Name …… Company……..

White Copy— Admin (NEN Ltd) Blue Copy— Client Yellow Copy—Employee