

Branch:.....



Major Healthcare Individual Timesheet

In order to ensure you are are paid correctly and on time you must ensure:

Timesheets are sent to your Major Healthcare branch no later than 10am every Monday. You have totalled your hours worked that week. Your timesheet is signed by a line manager, and you have detailed any sickness or holiday hours for that week.

Name of Worker:

Name of Company:

Manager Reporting to:

Major Healthcare Consultant:

DAY	DEPT	START TIME	BREAK	FINISH TIME	STANDARD HOURS	OVERTIME HOURS
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Total Standard/Overtime

Total Hours for the Week

Authorisation

Signed..... **Date**..... **Print Name**.....

By authorising this timesheet to Major Healthcare, I confirm the hours worked and in agreement with Major Healthcare’s terms and conditions of business. I understand that engagement of a worker on a direct basis will result in an invoice from Major Healthcare in line with said company’s terms of business.

PLEASE RATE THE LEVEL OF SERVICE RECEIVED FROM YOUR LOCAL BRANCH BY TICKING THE BOX

EXCELLENT VERY GOOD ACCEPTABLE BELOW ACCEPTABLE