

Date.....

Client Name.....

Branch.....

Client Contact.....



### Major Healthcare Multiple Timesheet - Week Ending.....

PAY REF	WORKER NAME	DEPT	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL HOURS	OVER-TIME	RATE 1	RATE 2

To ensure timely payment please ensure all timesheets are sent to branch by 8am Monday. Failure to do so may result in late or non-payment. (Please ensure you only detail hours to be paid. Detailing holiday or absent days using H/A)

### Authorisation

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.

**Signed**.....

**Date**.....

**Print Name**.....

PERFORMANCE OF TEMPORARY STAFF WE PROVIDED: EXCELLENT  VERY GOOD  ACCEPTABLE  BELOW ACCEPTABLE

THE LEVEL OF SERVICE FROM OUR EMPLOYEES: EXCELLENT  VERY GOOD  ACCEPTABLE  BELOW ACCEPTABLE