



Qualification/Band:.....

Hospital/Unit:.....

Agency Worker's Name:.....

Address:.....

Day	Date	Start 24h clock	Finish 24h clock	Break mins	Total Payable hrs.	Ward/Unit/ Floor	Authorizing Name	Authorizing Signature
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Sun								
<b>Total</b>								

**A completed timesheet must reach the Redvio Care Ltd. office signed by the client and temporary worker no later than 9am Monday or payment will be delayed until the following week.**  
Redvio Care Ltd. reserves the right to withhold payment until the hours can be verified by the client.  
Your timesheet can be sent via email to: payroll@redviocare.co.uk  
**CLIENT AUTHORISATION**  
I hereby certify that the hours worked are correct and the work was completed to the client's specification and standard. I understand that this timesheet, along with the confirmation of order and rates, will be used to calculate the client's invoice. I accept Redvio Care Ltd. terms of business. I confirm that I am authorized to sign on behalf of the client.

Agency worker's  
Signature



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