

Time Sheet _____

Week Ending _____



Client Name & Address:

Day	Date Worked	Time Start	Time Finish	Breaks (if applicable)	Ward	Total Hrs.	Client Initial
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
Total Hours Worked							

Staff Name & Position:

Please sign and return by email to:
timesheets@platinum-healthcare.co.uk
Staff will not be paid without submission.
You may also post your timesheets to:

The Porter Building, 1 Brunel Way,
Slough

Landline:

+44 (0) 1753 722258

Email & Web:

timesheets@platinum-healthcare.co.uk
www.platinum-healthcare.co.uk

I authorize Platinum Healthcare Staffing Solutions to invoice as per the above listed hours and confirm understanding and acceptance of their Terms of Business and Charge Rates as agreed.

Name:	Position:
Signature:	Date: