# Carelink Recruitment Timesheet

**20 Springfield Road, Crawley, West Sussex, RH11 8AD**

**Tel:** 07977 734 243 | **Email:** payroll@carelinkrecruitment.co.uk

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**Name:**

**Qualification:**

**Grade:**

**Client Name:**

**Client Address:**

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**Please complete and return the timesheet by Monday 12.00 Noon**

**Time sheet is not valid unless signed off by client representative.**

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<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Start Time</th>
<th>Finish Time</th>
<th>Break</th>
<th>Paid Hours</th>
<th>Authorised Client Signatory</th>
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The above named member of Carelink Recruitment worked the hours above and we agree to pay your account in accordance with your terms of business and understand that if we engage the applicant permanently we will pay you your introduction fee for permanent staff. I can confirm that if this is the first shift, the above member has been inducted to the ward & relative policies.

**Authorised By:**

**Name:**

**Position Held:**

**Date:**

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**Declaration:** I declare that the information I’ve given on this timesheet is correct and complete and that I have not claimed elsewhere for the hours/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I know its my responsibility to request an induction on the first day of a placement.

**Candidate Name:**

**Candidate Signature:**

**Date:**

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