

<b>First Name:</b>	<b>Surname:</b>
<b>Client Name:</b>	

Day	Date	Ward/Unit	Start	Finish	Break	Total Hrs	Grade	Signed By Person in Charge Please print name also
MONDAY								SIGNATURE:
								PRINT:
TUESDAY								SIGNATURE:
								PRINT:
WEDNESDAY								SIGNATURE:
								PRINT:
THURSDAY								SIGNATURE:
								PRINT:
FRIDAY								SIGNATURE:
								PRINT:
SATURDAY								SIGNATURE:
								PRINT:
SUNDAY								SIGNATURE:
								PRINT:

<p align="center"><b>Agency Worker:</b></p> <p>I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any NursePlan authorized body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"><b>Name:</b></td> <td style="width:50%; padding: 5px;"><b>Signature:</b></td> </tr> <tr> <td style="width:50%; padding: 5px;"></td> <td style="width:50%; padding: 5px;"><b>Date:</b></td> </tr> </table>	<b>Name:</b>	<b>Signature:</b>		<b>Date:</b>
<b>Name:</b>	<b>Signature:</b>				
	<b>Date:</b>				
<p align="center"><b>AUTHORIZED BY: (SENIOR MEMBER OF STAFF)</b></p> <p>I am an authorized signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by any NursePlan authorized body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to NursePlan's Terms of Business - A standard introductory fee will be charged if the Nurse is taken on full time or allowed to change agencies.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"><b>Name:</b></td> <td style="width:50%; padding: 5px;"><b>Signature:</b></td> </tr> <tr> <td style="width:50%; padding: 5px;"><b>Position:</b></td> <td style="width:50%; padding: 5px;"><b>Date:</b></td> </tr> </table>	<b>Name:</b>	<b>Signature:</b>	<b>Position:</b>	<b>Date:</b>
<b>Name:</b>	<b>Signature:</b>				
<b>Position:</b>	<b>Date:</b>				

**\*\*TIMESHEETS MUST BE FILLED OUT CORRECTLY IN ORDER TO PROCESS PAYMENT\*\***