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**Quality flexible staffing  
 for the Healthcare Sector**

**TIME SHEET**

Client Name: .....

Address: .....

.....

Employee Name: .....

Grade: .....

Week Commencing Monday: .....

Date	Start Time	Finish Time	Break Taken	Total Hours	CLIENTS SIGNATURE	
					Signed	Please PRINT
<b>Mon</b>						
<b>Tues</b>						
<b>Wed</b>						
<b>Thurs</b>						
<b>Fri</b>						
<b>Sat</b>						
<b>Sun</b>						

**All time sheets must be received by Tuesday for payment by Friday each week**

I sign this to confirm that I have carried out the above duties in accordance with Reflex Nursing & Care Limited Standards.

I am Registered or Enrolled, I have carried out my work following the N.M.C. Guidelines 'Code of Professional Conduct', the scope of Professional Practice and Standards for the Administration of Medicine.

Employee's Signature: ..... Dated: .....

FOR OFFICE USE ONLY					
Total Hours Worked	Weekday - Day	Weekday - Night	Weekend - Day	Weekend - Night	Travel