

Timesheet.



Upload your timesheet to the Estio Healthcare app.

Email: timesheets@estio.com

WhatsApp/MMS: 07769168746

Office Suite E230,
Dean Clough Mills,
Halifax. HX3 5AX

PLEASE PRINT IN BLOCK CAPITALS, USING A BLACK INK PEN. COMPLETE IN FULL OTHERWISE PAYMENT WILL BE DELAYED.

Placement Address:
Date week commencing Monday:

Worker's Name:
Payroll Number:
Role:

Enter all hours worked to the nearest quarter hour.

Day	Date	Use 24 Hour Clock		Breaks Taken	Day Hours	Night Hours	Sleep In (tick if yes)	Total Mileage On Placement
		Start	Finish					
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

TO BE COMPLETED BY THE CLIENT - CLIENT INFORMATION ONLY

I confirm that the number of day hours, night hours, sleep ins, and all other information is correct. I accept indebtedness to Estio Healthcare for the above hours at Estio Healthcare's current levels of charge. Your signature is deemed to confirm your acceptance of the Estio Healthcare Terms and Conditions of Business, a copy of which has been supplied to you.

I further accept that, in order for the timesheet to reach Estio Healthcare by the deadline for payment, the Temporary Worker may need to forward the timesheet by email, picture message or fax and I acknowledge that Estio Healthcare may accept an electronic signed timesheet as a binding authorisation to invoice me on the basis set above.

Signature: Date:

(BLOCK CAPITALS)

Name of Authorised Signatory and Position:
(Hours signed for supersede any prior booking agreement.)

THE COMPLETED TIMESHEET MUST BE SUBMITTED TO ESTIO'S PAYROLL DEPARTMENT BY 4PM, THE MONDAY DIRECTLY AFTER THE WEEK COMMENCING DATE. FAILURE TO SUBMIT MAY RESULT IN LATE PAYMENT.