paediatric nursing link

Paediatric Nursing Link Ltd
37/38 Margaret Street,
London, W1G 0JF
Tel: 020 70165270 Fax: 020 70165271

Time Sheet No.

Staff Name	Client Name & Address
Staff No	

	Date	Start Time	Finish Time	Total After Break	Band	Reference No.	Department	Client Signature
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Sun								

Total Hours (numbers): ______ Total Hours (words): ______

I confirm that I have worked the hours stated above and have not worked during the 8 hours previous to or 8 hours after any of the above shifts. Please note the submission deadline is Thursday Midday, Payment is following Tuesday

Signed: ______

Date: ______

FOR CLIENT USE - FOLLOW UP ASSESSMENT (PLEASE CIRCLE AS APPROPRIATE)								
Punctuality and Reliability	Good	Ok	Poor	Relationship with patients	Good	Ok	Poor	Other Comments?
Appearance	Good	Ok	Poor	Relationship with colleagues	Good	Ok	Poor	
Attitude	Good	Ok	Poor	Attitude to constructive criticism	Good	Ok	Poor	
Organisational Skills	Good	Ok	Poor	Communication Skills	Good	Ok	Poor	
Clinical Performance	Good	Ok	Poor	**Would you have the nurse back?**	YES / NO			

Authorised by Client, Signed: ______ Print: ______ Date: ______

White & Blue copy to PNL, Pink copy for yourself, Yellow copy to be left with client.