

CANDIDATE TIMESHEET

Timesheets must be submitted within 30 days of completion of the work



Candidate Name: _____ **Grade:** _____

Client Name: _____ **Specialty/Dept.:** _____

	Date	Start Time	Finish Time	Break Deduction	Total Hours Worked (less breaks)	PO Number (client use only)	COMPLETE FOR ON CALL HOURS ONLY		
							On Call Start Time	On Call Finish Time	Total on Call Hours worked
Monday	/ /	:	:	:	:		:	:	:
Tuesday	/ /	:	:	:	:		:	:	:
Wednesday	/ /	:	:	:	:		:	:	:
Thursday	/ /	:	:	:	:		:	:	:
Friday	/ /	:	:	:	:		:	:	:
Saturday	/ /	:	:	:	:		:	:	:
Sunday	/ /	:	:	:	:		:	:	:
To ensure prompt payment your completed timesheet & invoice (if applicable) must be submitted before midnight on Mondays by fax on 020 3060 3929 or by email to accounts@merco.co.uk				Total Hours	:			Total Hours	:

Candidate	Authorised Member of Staff	
Signature	Print Name	Position
Date	Signature	Date
Candidate: I declare this timesheet is accurate and I have not claimed elsewhere for these hours or shifts.	Authorised member of staff: I am an authorised signatory at the above named client. I agree to abide by Merco's T&Cs. I confirm that the hours/shifts on this timesheet are accurate and I approve payment accordingly	
I understand that knowingly providing false information may result in disciplinary action, prosecution and or civil recovery proceedings. I consent to the disclosure of this timesheet information to any regulatory body for the purposes of verification, investigation, prevention, detection and or prosecution of fraud.		

Organisation Stamp