

CLIENT'S NAME AND ADDRESS: Blackpool Teaching Hospitals,
Whinney Heys Road, Blackpool

PLEASE ENSURE THAT YOUR AUTHORISED TIMESHEET IS RETURNED
NO LATER THAN MONDAY MORNING

NAME OF AGENCY WORKER: <u>An. Example</u>		DEPT. EMPLOYED BY: <u>Human Resources</u>							
STANDARD	DAY	MON	TUES	WED	THUR	FRI	SAT	SUN	
	DATE	<u>28/04</u>	<u>29/04</u>	<u>30/04</u>	<u>01/05</u>	<u>02/05</u>			
	AM	START	<u>9.00</u>	<u>8.30</u>	<u>9.00</u>	<u>9.00</u>			
		FINISH	<u>12.00</u>	<u>1.00</u>	<u>12.00</u>	<u>1.00</u>			
	PM	START	<u>12.30</u>	<u>1.30</u>	<u>12.30</u>	<u>1.30</u>			
		FINISH	<u>5.00</u>	<u>4.30</u>	<u>5.00</u>	<u>5.00</u>			
TOTAL HOURS		<u>7.50</u>	<u>7.50</u>	<u>7.50</u>	<u>7.50</u>	<u>0</u>	<u>0</u>	<u>0</u>	
OVERTIME	AM O/T	START		<u>8.00</u>					
		FINISH			<u>9.00</u>				
	PM O/T	START				<u>5.00</u>			
		FINISH				<u>7.00</u>			
TOTAL O/T HOURS				<u>1.00</u>	<u>2.00</u>				
TRAVEL EXPENSES									

I declare that the information I have given on this form is true, factually correct and complete. I confirm that I have worked the above stated hours in full. I understand that if I knowingly provide false information I may be liable for prosecution and/or civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to be presented to the Client's Fraud Representative and/or the local authorities, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.

TOTAL HOURS	
Standard	O/T
<u>30</u>	<u>3</u>

Temporary Worker's signature: A. Example
Temporary Worker's name (please print): AN. EXAMPLE

TERMS AND CONDITIONS OF BUSINESS

Personnel supplied to work for clients are our temporary workers and all arrangement concerning attendance and conditions of work must be made through us. Should a member of our temporary workforce be engaged on a permanent or fixed term basis either during or after a temporary arrangement the client will notify us and pay such a fee as appropriate in accordance with our terms and conditions. In these circumstances no refunds are payable. If any member of our temporary workforce if re-engaged by you on to your payroll during such period as stipulated in our terms and conditions, you are required to notify us immediately. You may be liable to pay an appropriate fee as stipulated in our terms and conditions as a member of our temporary workforce has been engaged through ourselves.

THE EMPLOYMENT OF TEMPORARY WORKERS WILL BE REGARDED AS ACCEPTANCE OF THE CONDITIONS

In the event of the temporary worker provided being considered by the client to be unsatisfactory for the purpose for which the temporary worker is supplied, the client shall notify us by telephone within four hours of the temporary worker reporting for duty and no charge will then be made for the relevant period. This must be confirmed in writing so that we receive notification the next day and another suitable temporary worker will be placed as soon as possible.

ACCOUNTS ARE PAYABLE WITHIN SEVEN DAYS OF THE DATE OF INVOICE

The client's signature of our temporary worker's time sheets shall be considered as indicating satisfaction with the work done and hours worked, unless written notice to the contrary is received by us within 1 working day of the period to which the time sheet relates.

Whilst every effort is made to maintain a high standard of integrity and a reliable service, we cannot accept any responsibility for any loss, expense, damage or delay however occasioned.

DECLARATION MADE BY CLIENT CONFIRMING THE HOURS THE TEMPORARY WORKER HAS UNDERTAKEN:

In acceptance of hours & expenses stated on the timesheet opposite & of the Terms & Conditions printed above:

Client's signature: To be signed by
Client's Name (please print): your manager
Job Title: _____

Tel: 01253 727034
Fax: 01253 714141

Email: timesheets@fosb.com



HOLIDAY REQUEST FORM

NAME OF TEMP WORKER: An. Example
DEPARTMENT EMPLOYED BY: HUMAN RESOURCES
HOLIDAY W/C: 13/08/2013

DATE	HOURS REQUESTING
<u>13/08</u>	<u>7.5</u>
<u>15/08</u>	<u>7.5</u>
TOTAL HOURS	<u>15</u>

I confirm that my place of work have authorised this time off, and I understand if I have not accrued enough holiday entitlement it will be taken as part-paid or unpaid leave.

Worker's signature: A. Example Date: 07/07/2013

FOSB Payroll Department

Signature: _____ Date: _____

Comments:

- Requests for paid holiday **MUST** be sent **5 FULL WORKING DAYS** prior to the holiday being taken
e.g. a holiday request for Friday 13th September must be submitted on, or before Thursday 5th September
- All accrued holiday entitlement **MUST** be taken within each leave year (Jan to Dec)
- Holiday hours **MUST NOT** be recorded on the timesheet, only actual hours worked must be shown
- Timesheets **MUST NOT** be submitted in instances where payment is expected purely for holiday and no hours have been worked that week

Please email your holiday request form to:

holidays@fosb.com