LYRIQ HEALTHCARE LTD

TRUSTED HANDS, CARING HEARTS

NURSING & HCA WEEKLY TIMESHEET

Weekly hours record — complete clearly and obtain the required signatures.

Original form instruction: submit by Monday at 12 noon. Confirm current payroll deadline with the Lyriq payroll team. Please use complete and accurate shift records.

Full name

Job title

Hospital / Trust / Client

Ward

NMC PIN (if applicable)

Week ending (DD/MM/YYYY)

Booking reference

NURSING & HCA WEEKLY TIMESHEET

Weekly hours record — complete clearly and obtain the required signatures.

Day	Start	End	Break	Total hours	Client initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Weekly total					

Agency worker signature

Agency worker signature date

Hospital / Trust / Client signature

Client representative signature date

Declaration: I confirm these hours and shifts are complete and accurate, and I have not claimed the same hours elsewhere. Deliberately inaccurate claims may lead to disciplinary or legal action, subject to the applicable procedures.