



Please email your timesheet by Monday 5PM or post to arrive Monday

Email: [payroll@retrohealthcare.co.uk](mailto:payroll@retrohealthcare.co.uk)  
 Post: Nightingale Drive, Desborough NN14 2GA  
 Telephone: 01536 764197

Please ensure you complete all fields on the timesheet correctly otherwise your timesheet will be rejected and may delay your payment.

If you work on more than one ward, please print additional copies of your timesheet. You can also obtain copies from our website [www.retrohealthcare.co.uk](http://www.retrohealthcare.co.uk)

**Your timesheet must be submitted within 1 month of the shift date.**

## RETRO DOCTORS / NURSES TIMESHEET (Please delete as appropriate)

### Section 1. Please write in BLOCK letters and ensure all 4 fields are completed

First Name	
Surname	
Client Name	
Trust	
Job Title	

### Section 2. Please write in BLOCK letters and use the 24 hour clock. The dates must be on the correct line to correspond with the days and start and finish times included. Please ensure your break is deducted from the total hours and if you do not take a break please write NB. Client must sign to confirm NB otherwise this will automatically be deducted.

Note to candidate: Please can you ensure that you ask the authorising signatory to complete the shift appraisal. Please circle as applicable: 1 = Unsatisfactory  
 2 = Poor 3 = Satisfactory 4 = Good 5 = Excellent

Day	Date	Start	Break	Finish	Total Hours (Excluding breaks)	Ward/Unit	Band	Client Shift Appraisal	Daily Authorised Client Initials
Monday								1 2 3 4 5	
Tuesday								1 2 3 4 5	
Wednesday								1 2 3 4 5	
Thursday								1 2 3 4 5	
Friday								1 2 3 4 5	
Saturday								1 2 3 4 5	
Sunday								1 2 3 4 5	
<b>Total hours for the week excluding break:</b>									

### Section 3. Please ensure your timesheet is completed in full & sent to payroll by 5PM on Monday. If your timesheet is not received by this time, any of the above fields are missing, or are unclear it can delay payment. Please ensure the timesheet is SIGNED and DATED by yourself and the authorised signatory, otherwise payment will be delayed.

<b>Candidate Declaration:</b> I declare that the information I have given on this timesheet is correct and complete and that I have not claimed elsewhere for the hours/shift detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this timesheet to and by any Retro authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I can confirm that induction and orientation training and safety has been provided by the client.	Name:	Signature:
	Speciality:	Date:
<b>Client Authoriser:</b> I am an authorised signatory for my ward/department/NHS body or other relevant organisation. I am signing to confirm that the job title and band of the candidate and the hours/shift that I am authorising is accurate and I approve payment. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by any Retro healthcare authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Retro healthcare's current terms of business ( <a href="http://www.retrohealthcare.co.uk/client/terms-and-conditions">www.retrohealthcare.co.uk/client/terms-and-conditions</a> ). <b>Note to client:</b> Please can you ensure that you appraise the performance of the candidate using the client shift appraisal above. If you have any concerns you wish to raise, please email them to <a href="mailto:qualityassurance@retrohealthcare.co.uk">qualityassurance@retrohealthcare.co.uk</a>	Name:	Signature:
	Position:	Date:



Please email your timesheet by Monday 5PM or post to arrive Monday

Email: [payroll@retrohealthcare.co.uk](mailto:payroll@retrohealthcare.co.uk)

Post: Nightingale Drive, Desborough NN14 2GA

Telephone: 01536 764197

Please ensure you complete all fields on the timesheet correctly otherwise your timesheet will be rejected and may delay your payment.

If you work on more than one ward, please print additional copies of your timesheet. You can also obtain copies from our website [www.retrohealthcare.co.uk](http://www.retrohealthcare.co.uk)

**Your timesheet must be submitted within 1 month of the shift date.**

## Instruction for Completion

To ensure prompt payment please ensure the below is adhered to:
ALL sections of the timesheet are completed in full including ward, job title and banding
The timesheet must be signed and dated by both you the candidate and the client
Timesheet must be clear and legible
Timesheet must be emailed no later than <b>5PM each Monday</b> to the email address stated on the front of the timesheet
If posting your time sheet please ensure its clearly marked for the payroll dept. and sent to be received by Monday
<b>DO NOT</b> photograph your timesheet
Always ensure the scan you are sending is clear and complete
Your breaks must be stated on the timesheet or if a break is not taken it must be marked NB and authorised by the client, otherwise a break will be deducted automatically
Please ensure where possible you obtain a reference number for your shift
If you work on more than one ward, please complete a new timesheet for each ward. You can print extra copies or visit our website <a href="http://www.retrohealthcare.co.uk">www.retrohealthcare.co.uk</a>
If you are transferred from one ward to another ward on arrival, please put the ward you worked on, not the original ward
Please check with the hospital if they require a copy of your timesheet and photocopy once completed
Ensure you have a start and finish time for your shift
Ensure the correct day and date is used - if you work past midnight do not use another day
Either Doctor or Nurse is deleted from the top of the timesheet - whichever is not relevant to you

Additional Information
Please note that timesheets are paid a week in arrears of when the shift was worked
If you are engaged with Retro healthcare on a PAYE basis. then the holiday year runs from 1st June to 31st July. Holiday must be used by the end of the holiday year otherwise it will be lost. Your holiday accrual is on your payslip. Holiday cannot be claimed when you are working
If you self-book directly with the hospital, please ensure you notify your consultant following completion of your shift
Any expenses agreed by your consultant for payment must be completed on a separate form, with all relevant signatures and receipts. Please email <a href="mailto:payroll@retrohealthcare.co.uk">payroll@retrohealthcare.co.uk</a> if you need an expense form
If you wish to amend any of your personal details including address, email address or bank details, please email <a href="mailto:payroll@retrohealthcare.co.uk">payroll@retrohealthcare.co.uk</a> for a form to complete
If you wish to change the way in which you engage with Retro please email <a href="mailto:payroll@retrohealthcare.co.uk">payroll@retrohealthcare.co.uk</a> for further information