

Submission of timesheet is required by 10 AM on Mondays to timesheets@procaresolutions.org.uk

First Name		Surname	
Job Title		Band/Grade	
Hospital/Site		Ward/Dept	
Signature		Date Signed	
I can confirm that the information I have given is correct and in accordance with the Pro Secure Logistics Handbook. I understand that if I knowingly provide false information this may result in disciplinary action.			

☐ I confirm that I have had an induction on the site which also included local fire safety.

Please fill in the time fields in 24-hour clock format. If no break is specified, the default break will automatically be deducted.

Day	Date DD/MM/YY	Start Time	Finish Time	Break (Mins)	Hours Worked	Booking Ref	Authorised Signature
Mon	/ /	:	:				
Tue	/ /	:	:				
Wed	/ /	:	:				
Thu	/ /	:	:				
Fri	/ /	:	:				
Sat	/ /	:	:				
Sun	/ /	:	:				
Total Hours Worked							

Client Feedback (To be completed by authorised client signatory)

We would greatly appreciate it if you could fill in the feedback sections below. The feedback helps us and provides a future reference for the temporary worker. Please use the below scale between 1-5 for grading all six areas of performance.

Key	Excellent - 5	Good - 4	Satisfactory - 3	Below Average - 2	Inadequate - 1
Shift Feedback					
General Conduct		Record Keeping		Teamwork	
Work Performance		Time Keeping		Patient Relationship	
Would you re-employ the applicant? (Please Circle)			Yes / No		