

## Your World Healthcare Timesheet

| PLEASE USE BLOCK CAPITALS WITH BLACK INK ONLY |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Candidate First Name:</b>                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Candidate Last Name:</b>                   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Job Title:</b>                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Recruiter Name:</b>                        |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Name of Client/Hospital:</b>               |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Ward / Department:</b>                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Reporting to:</b>                          |  |  |  |  |  |  |  |  |  |  |  |  |

|                                     |                              |
|-------------------------------------|------------------------------|
| <b>Email: ireland@yourworld.com</b> | <b>Web: yourworld.com/ie</b> |
|-------------------------------------|------------------------------|

**Please use 24hr clock format HH(Hours):MM(Minutes) Timesheets must be received by midday on Monday**

|     | Date<br>DD/MM/YYYY | Start<br>Time | Break<br>Start Time | Break<br>Finish Time | Finish<br>Time | Hours<br>Worked | Sleepover<br>(Y/N) | Ward or<br>Location | Booking Reference<br>Number | Authorised<br>Signature |
|-----|--------------------|---------------|---------------------|----------------------|----------------|-----------------|--------------------|---------------------|-----------------------------|-------------------------|
| MON |                    | :             | :                   | :                    | :              | :               |                    |                     |                             |                         |
| TUE |                    | :             | :                   | :                    | :              | :               |                    |                     |                             |                         |
| WED |                    | :             | :                   | :                    | :              | :               |                    |                     |                             |                         |
| THU |                    | :             | :                   | :                    | :              | :               |                    |                     |                             |                         |
| FRI |                    | :             | :                   | :                    | :              | :               |                    |                     |                             |                         |
| SAT |                    | :             | :                   | :                    | :              | :               |                    |                     |                             |                         |
| SUN |                    | :             | :                   | :                    | :              | :               |                    |                     |                             |                         |

**Please be aware that Your World will process hours worked in accordance with the times captured and not the totals on the timesheets which can sometimes be incorrectly calculated.**

|                            |   |
|----------------------------|---|
| <b>Total Hours Worked:</b> | : |
|----------------------------|---|

|   |                          |                |                          |
|---|--------------------------|----------------|--------------------------|
| Please tell us how YWRG agency worker performed during the shift: (please ✓ one box)                                      |                          |                |                          |
| Excellent   | <input type="checkbox"/> | Satisfactory   | <input type="checkbox"/> |
| Good  | <input type="checkbox"/> | Unsatisfactory | <input type="checkbox"/> |
| Please confirm the Induction was completed (please ✓ one box)    Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |                |                          |

**TO BE READ BY ALL CLIENTS:**

I am an authorised signatory for my ward/department/HSE body. I am signing to confirm that both the grade of Agency Worker and the hours/shift that I am authorising are 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

**TO BE READ BY ALL CANDIDATES:**

I declare that the information on this timesheet is true. In the event of dispute regarding claimed hours, I will be liable to repay any overstated amount unless the timesheet has been duly authorised by the client. Any over payments should be repaid immediately as failure to do so may result in legal proceedings

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 any relevant party for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud

I confirm I have worked the above hours. In addition, I declare that any travel costs I have claimed have been necessarily incurred in the performance of my duties with Your World Recruitment Group at a temporary workplace (this excludes 'ordinary commuting')

Please ensure that you take the appropriate breaks in line with the legislation-right to disconnect.  
[https://workplacelrelations.ie/wrc/en/what\\_you\\_should\\_know/codes\\_practice/code-of-practice-for-employers-and-employees-on-the-right-to-disconnect.pdf](https://workplacelrelations.ie/wrc/en/what_you_should_know/codes_practice/code-of-practice-for-employers-and-employees-on-the-right-to-disconnect.pdf)  
 If you require additional Timesheets, visit:  
<https://www.yourworld.com/ie/candidates/timesheets>

| Client Details          |     |
|-------------------------|-----|
| <b>Print Name:</b>      |     |
| <b>Position:</b>        |     |
| <b>Signature:</b>       |     |
| <b>Landline Number:</b> |     |
| <b>Date: DD/MM/YYYY</b> | / / |

| Candidate Details       |     |
|-------------------------|-----|
| <b>Print Name:</b>      |     |
| <b>Signature:</b>       |     |
| <b>Date: DD/MM/YYYY</b> | / / |