

WEEKLY TIMESHEET

Please note all hospital shifts, and some other locations, must be written on a separate timesheet, regardless of the ward worked in.

Timesheets must be submitted no later than 12 noon Monday

If you send in a timesheet for work completed that you did not previously make First Choice aware of there may be a delay in your payment until we received adequate confirmation of this shift

Full Name					Place of Work					
Job Title					Band (If Applicable)					
Day Of Week	Date	Start Time	Finish Time	Remove Breaks & State Hours Due To Be Paid		Department / Ward	Authorised Signature		Authorised Printed Name	Reference Number
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total Hours Worked										
Employee Signature					Date Of Signature					

I certify that the total hours shown are true and correct and we agree to be invoiced accordingly by First Choice Selection Services Limited. If the above staff member is employed on a permanent basis, we acknowledge that the Introduction Fee will be payable based on the scale of fees in force at the time.

We also acknowledge that we have read and agree to the Terms and Conditions of First Choice Selection Services Limited.

Thank you for using First Choice for your vacancy. Your business is gratefully appreciated.

Email addresses to send timesheets to: belfastpayroll@first-choice-rec.com / colerainepayroll@first-choice-rec.com / ballymenapayroll@first-choice-rec.com