



GARDEN OF BLISS Healthcare Agency Timesheet

Please ensure your timesheet is submitted via email by Monday 12pm (local time).

Email: HR@gobhealthcare.com

Enquiries: 709-800-0171

WhatsApp: 780-903-6984

Part 1: Use BLOCK Letters and ensure you have completed all fields

Full Name

Job title

Client Name

Part 2: Use BLOCK letters and 24-hour time to complete. Ensure that breaks are deducted from the total hours

Client feedback: The authorising signatory must complete. Circle as appropriate: 1= Poor, 5= Outstanding

Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Grade	Ward/Unit	Candidate rating	Client initials
Mon								1 2 3 4 5	
Tue								1 2 3 4 5	
Wed								1 2 3 4 5	
Thurs								1 2 3 4 5	
Fri								1 2 3 4 5	
Sat								1 2 3 4 5	
Sun								1 2 3 4 5	
Total Payable hours (excluding breaks)									

Part 3: Please ensure you complete the timesheet in full and submit it by 12pm Monday. Payment can be delayed if you donot meet this deadline or if submitted timesheets are incomplete/unclear.

Candidate declaration:

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in a 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 Garden of Bliss Healthcare (Naqil Inc.), the Authority, other Public Sectorbody and private entities who have similar a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that I have received an appropriate induction including fire safety.

Date:

Job title:

Print Name:

Signature:

Client Authoriser:

I am an authorised signatory for my ward/department, Public Sector body. I am signing to confirm that the Job Profile Title and band/Grade of Temporary Workers and the hours/shift that I am authorising are accurate and 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 Garden of Bliss Healthcare (Naqil Inc.), and other public sector body and private entities with similar requirements and the Counter Fraud Service (or other similar organisations which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of the fraud. I can confirm that the worker has received an appropriate induction required to work here including fire safety

Date:

Job title:

Print name:

Client authoriser signature: