

# TIMESHEET INSTRUCTIONS - IMPORTANT INFORMATION

**Timesheets MUST be completed as per the guidelines below and submitted by 6pm MONDAY within TWO WEEKS of your shift or BY THE END OF THE CURRENT MONTH. Failure to comply will delay your care payments and you may pay more National Insurance.**

**timesheets@smartheartpro.co.uk**



Timesheet

White copy – SmartHeart Professionals Ltd  
Yellow copy – Agency worker  
Pink copy – Client

Please write clearly in BLOCK CAPITALS, your first name, last name, speciality e.g. RGN/HCA and client name e.g. care home name (to include any wing/house/lodge/floor/location of place worked)

Your name MUST be in CAPS and clear to read  
You MUST include whether you are a RGN or HCA  
To be completed with place of work including any unit/lodge/house

First Name:	J	O	H	N																
Last Name:	S	M	I	T	H															
Speciality:	H	C	A																	
Client Name:	O	A	K	S		H	O	L	L	Y		L	O	D	G	E				

Return by email or post. **Deadline 6pm Monday.**  
Email: **timesheets@smartheartpro.co.uk**  
Post: SmartHeart Professionals Ltd, 2-4 Queensgate, Cromwell Road, Redhill, Surrey, RH1 1RT  
Freephone: 0800 193 0828 (24 hours a day)

Needs to be fully completed and legible  
Date in Day/Month/Year format  
Use 24hr clock.  
Calculate the time worked to EXCLUDE unpaid breaks  
Ward/Unit/Floor if applicable  
A supervisor must check the time worked and sign off each shift

Day	Date	Start time (24hr format)	Break (minutes)	Finish time (24hr format)	Time worked (deduct breaks)	Ward/Unit/Location	Authorising Signature	Authorised Hours*
Monday								
Tuesday								
Wednesday								
Thursday	12/09/19	08:00	60	20:00	11	GREEN WING	MANAGERS SIGNATURE	11
Friday								
Saturday	21/09/19	14:00	30	20:00	5.5	GREEN WING	MANAGERS SIGNATURE	5.5
Sunday	29/09/19	20:00	60	08:00	11	GREEN WING	MANAGERS SIGNATURE	11
<b>Total Hours</b>					<b>27.5</b>			

Your signature and the date of signature

<b>Worker Declaration:</b> I consent for the disclosure of information from this form to and by any SmartHeart Professionals Ltd authorised person for the purpose of verifying this claim. This may include third parties including care homes, NHS Trusts, councils, hospitals, auditors, tax and law enforcement agencies. I certify the information is correct to the best of my knowledge and belief and that I am claiming only for the hours I have worked. Knowingly providing false information may result in disciplinary proceedings and civil or legal action.	<b>Agency worker signature:</b> YOUR SIGNATURE	<b>Date:</b> DATE
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Managers name in CAPS with their position  
Managers signature and date of signature  
**WITHOUT SIGNATURE, TIMESHEET WILL BE REJECTED**

<b>Authorising Person:</b> By signing this form, I agree that I have verified the hours and speciality or qualification claimed together with any specialist enhancements due. I am authorised to sign the Timesheet and I understand that if I knowingly authorise false information, this could result in disciplinary or legal action.	<b>Authorising Signature:</b> MANAGERS SIGNATURE	<b>Date:</b> DATE	<input type="checkbox"/> Manager <input checked="" type="checkbox"/> Nurse in Charge <input type="checkbox"/> Other If other, state position:
	<b>Authorising Name:</b> MANAGERS NAME BLOCK CAPITALS	<b>Contact Number (if other):</b> MANAGERS' TELEPHONE NUMBER	
<b>*Confirm Total Authorised Hours:</b> 27.5			*If no total hours are confirmed, the total hours or calculation of such submitted by the worker will be deemed to be correct.

Your timesheet must be submitted as per the instructions. We recommend CamScanner/TinyScanner for smartphones. These are free apps. Photograph the timesheet in **black and white**. Before sending, ensure the **selection box is around the perimeter of the document**, send **as a JPG attachment (or black and white PDF)** to **timesheets@smartheartpro.co.uk** PLEASE ENSURE SMARTHEART RECEIVE YOUR TIMESHEET WITHIN TWO WEEKS OF YOUR SHIFT AND PREFERABLY BY THE END OF THE MONTH. You can also post or drop your timesheets in to us at the office. **Timesheets received incomplete after 6pm Monday will not be paid until the following week or until corrected.** When photographing your timesheet please ensure it is placed on a level surface in good lighting with no hands or background etc present, ensure only the timesheet including signatures and Serial Number are visible. CamScanner and TinyScanner allow you to crop the image before sending it.

All timesheets submitted by email are automatically extracted in bulk at 6pm on Monday. SmartHeart Professionals Ltd are unable to establish who a timesheet has come from if it is missing name details. Our accounts team are no longer able to retrospectively process late timesheets or those missing information before the next pay run.

Examples of Timesheets that **will not** be processed until they are re-submitted with the missing information completed:

**SMARTHEART PROFESSIONALS LTD** Timesheet

White copy - SmartHeart Professionals Ltd  
Yellow copy - Agency worker  
Pink copy - Client

Please write clearly in BLOCK CAPITALS, your first name, last name, specialty, RGN/HCA and client name, care home name (to include any wing/house/loft/floor of place worked)

First name: [Redacted]  
Last name: [Redacted]  
Specialty: [Redacted]  
Client name: [Redacted]

Email/upload/post/fax your timesheet as a black & white PDF/JPG. Deadline 6pm Monday to ensure payment that week.  
Email: timesheets@smartheartpro.co.uk  
www.smartheartpro.co.uk  
01737 668 070  
SmartHeart Professionals Ltd Head Office, Suite 5, 2nd Floor  
Tower House, 3 Cromwell Road, Redhill, Surrey, RH1 1RT  
0800 193 0828 (24 hours a day)

Day	Date	Start time (24hr clock format)	Break (minutes)	Finish time (24hr clock format)	Time worked (deduct breaks)	Ward/Unit	Nurse in Charge (signature)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday	29/09/19	19:00	1hr	07:00	11hrs	deephaven	[Signature] RN
		Total Hours					

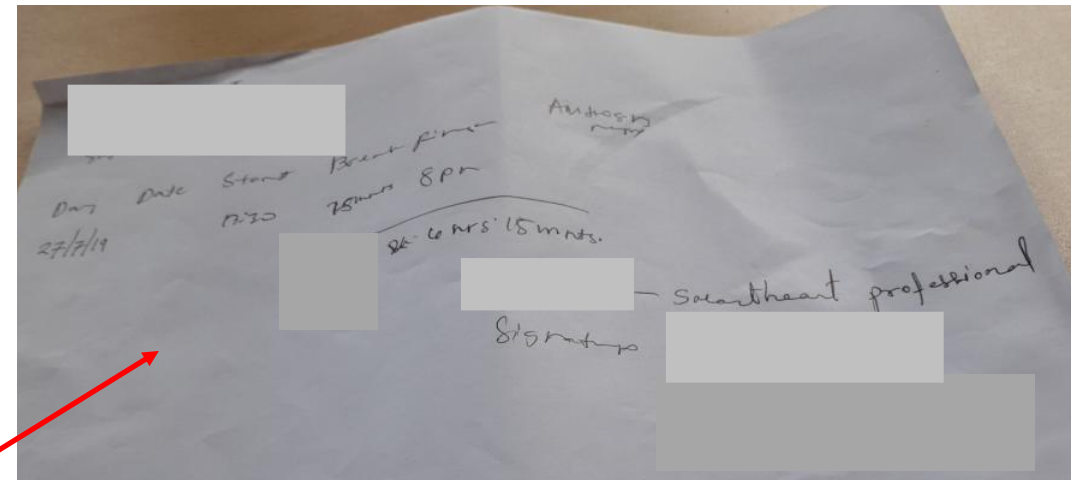
**AGENCY WORKER:** I understand that my timesheet will be checked and that if I knowingly provide false information, this may result in disciplinary proceedings and civil or legal action may be taken by SmartHeart Professionals Ltd. I consent to the disclosure of information from this form to and by any SmartHeart Professional Ltd authorized person for the purpose of verification of this claim which may include third parties including NHS Trusts, hospitals, care homes, auditors, tax and law enforcement agencies. I certify the above information is correct to the best of my knowledge and belief and that I am claiming only for the hours I have worked.

Agency worker signature: [Redacted] Date: [Redacted]

**AUTHORISING SENIOR STAFF MEMBER:** I declare that the information provided above is true and accurate and that I have verified the hours and qualification claimed together with any specialist enhancements due. I am authorised to sign the time sheet and I understand that if I knowingly authorise false information, this may result in disciplinary action and I may be liable for prosecution or civil action by SmartHeart Professionals Ltd or my employer.

Authorising name: [Redacted] Position: RN  
Authorising signature: [Redacted] Date: 30/9/19

Please ensure your timesheet is legible and fully completed. Email/upload/post/fax the top copy as a black & white pdf/jpg by 6pm Monday to secure payment that week. The timesheet must be flat, with all information visible, including the serial number and signatures. Failure to send in the required format will result in payment being delayed until the following weeks payment run or until the timesheet has been submitted according to the requirements. Our staff have no control over the processing of late or incomplete timesheets.



**SMARTHEART PROFESSIONALS LTD** Timesheet

White copy - SmartHeart Professionals Ltd  
Yellow copy - Agency worker  
Pink copy - Client

Please write clearly in BLOCK CAPITALS, your first name, last name, specialty e.g. RGN/HCA and client name e.g. care home name (to include any wing/house/loft/floor of place worked)

First name: FRED  
Last name: FLINTSTONE  
Specialty: [Redacted]  
Client name: CRAYS MEMS

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Email: timesheets@smartheartpro.co.uk  
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Day	Date	Start time (24hr clock format)	Break (minutes)	Finish time (24hr clock format)	Time worked (deduct breaks)	Ward/Unit	Nurse in Charge (signature)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday	27/09/19	08:00	30	20:00	11.5		
Saturday							
Sunday	29/09/19	19:00	1hr	07:00	11hrs		
		Total Hours					

**AGENCY WORKER:** I understand that my timesheet will be checked and that if I knowingly provide false information, this may result in disciplinary proceedings and civil or legal action may be taken by SmartHeart Professionals Ltd. I consent to the disclosure of information from this form to and by any SmartHeart Professional Ltd authorized person for the purpose of verification of this claim which may include third parties including NHS Trusts, hospitals, care homes, auditors, tax and law enforcement agencies. I certify the above information is correct to the best of my knowledge and belief and that I am claiming only for the hours I have worked.

Agency worker signature: [Redacted] Date: 30/9/19

**AUTHORISING SENIOR STAFF MEMBER:** I declare that the information provided above is true and accurate and that I have verified the hours and qualification claimed together with any specialist enhancements due. I am authorised to sign the time sheet and I understand that if I knowingly authorise false information, this may result in disciplinary action and I may be liable for prosecution or civil action by SmartHeart Professionals Ltd or my employer.

Authorising name: [Redacted] Position: [Redacted]  
Authorising signature: [Redacted] Date: [Redacted]

Please ensure your timesheet is legible and fully completed. Email/upload/post/fax the top copy as a black & white pdf/jpg by 6pm Monday to secure payment that week. The timesheet must be flat, with all information visible, including the serial number and signatures. Failure to send in the required format will result in payment being delayed until the following weeks payment run or until the timesheet has been submitted according to the requirements. Our staff have no control over the processing of late or incomplete timesheets.

**Missing data will delay payments until the timesheet is resubmitted with complete data.**

**Please do not call the accounts team requesting we process your payments retrospectively if you have submitted an incomplete timesheet.**

Redacted to maintain privacy