



Radiating Safety and Quality Care.

Upload your completed time sheet or email to Global Healthcare Navigator.

Email:

Payment is weekly and cut off times for payment is Tuesday by noon, paid on Friday, or cut off is Friday and paid on Monday.

Global Healthcare Navigator: Timesheet

An Employee Sections						
Employee Name		PIN No		Grade		
Client Name		Ward		Shift		
Booking Ref.		Home				
Basic Normal Hours						
Days	Date	Start Time	End Time	Break Time	Total Hours	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total	Total Week Basic Normal Hours Excluding the total Week Breaks					
Total Weeks Hours to be Paid. This must be authorized by your signatory Client						
You must have site induction before starting your work. Have you received induction?				Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reasons for not been inducted						
An Employee Declaration		I hereby confirm that the data, including, but not limited to, the hours/shifts described on this timesheet is accurate and complete. I hereby, understand and consent that if I deliberately give incorrect data is unlawful and consequently this could trigger disciplinary action, dismissal, and civil proceedings. I hereby fully agree to disclosure my personal data, including but not limited to, time sheet data, job roles, and job application, to third parties for verification purposes in order to prevent fraud and improve safety and quality care.				
Signature		Date				
Client Sections						
Global Healthcare Navigator Values Your Feedback. Kindly complete the assessment form under						
The Feedback you provide could be used as a reference, including but not limited to: <ul style="list-style-type: none"> Future reference for work Renew their PIN with NMC 	Values	Excellent	Very good	Good	Average	Poor
	Punctuality					
	Communication					
	Attitudes					
	Reliability					
More comments	Teamwork					
	Clinical skills					
	Knowledge					
	Professionalism					
Employment Opportunity: Would you recommend our staff for future job on your place or similar organizations?				YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Client Declaration	I hereby confirm that I am an authorized client and I approve the timesheet and duties carried in this healthcare setting. I hereby confirm that the hours shown in this timesheet are accurate and I approve payment to Global Healthcare Navigator. I hereby, understand and consent that if I deliberately give incorrect data is unlawful and consequently this could trigger disciplinary action, dismissal, and civil proceedings.					
Client Name:			Client Signature			
Title		Date			Total Approved Paid Hours	