



Muve Healthcare USA
2600 South Shore Blvd.
Suite 300 League City,
TX 77573

This must be emailed to you consultant by **Monday 11am CST**, in order to facilitate the payment.

Feedback Reference Form (For Client Only)

Poor - 1 Satisfactory - 2 Good - 3 Excellent - 4 Unable to comment - n/a

Hospital / Home:			
Address:			
Telephone No:		Order Number:	
Name of Ward:		Type of Ward:	
Candidate / Nurse Name:		Qualification / Post:	
Employee No.		Week Ending (Sunday)	

Type	1	2	3	4	n/a	Comments
Clinical Skills						
Clinical Knowledge						
Organizational Skills						
Management Skills						
Willingness To Learn						
Contribution to the Department						
Punctuality						
Reliability						
Self Motivation						

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your MUVE Healthcare contract, a division of MUVE People Limited as to which shift pattern applies before accepting assignment.

FULL NAME:																	
FACILITY:												Weekending					
REGULAR HOURS WORKED					OT/ON CALL HOURS					FACILITY INFORMATION							
DAY	Date	Start Time	End Time	Lunch	Total Regular Hours	Total Ot Hours	On Call Hours	Call Back Start	Call Back End	Call Back Hours	Unit/ Cost Centre	Charge	Sup Name	Sup Signature	Sup Signature	Comments	
SUN																	
MON																	
TUE																	
WED																	
THUR																	
FRI																	
SAT																	
WEEKLY TOTALS																	
Guaranteed HRS					Supervisor's name:					Supervisor's signature:							

TIMESET SUBMISSION INFORMATION

- GUARANTEED HOURS:** These are conditional based on the client cancellation policy listed in your offer letter and your availability throughout the week. Please get each day signed for scheduled shifts and any cancellations.
- TIMECLOCKS:** all times should match the facility clock in and out clock report. A paper timecard is not needed; a clock in/out printout is sufficient.
- EXCEPTION REPORT:** is necessary for a supervisor to complete and correct any errors or missed clock in and outs times, notify payroll once edits are made.
- LUNCH:** as per facility rules will automatically be deducted unless you have a supervisor's signature in the specified column in the timecard above for no lunch approval.
- PAYROLL:** For any payroll queries please contact payroll@muvehealthcare.com

FAO: Approved Signatory

Total Pay Hours in Words (Excluding Breaks)

I am an authorised signatory for my board/department/HSE Body. I am signing to confirm that the job title and band of agency worker and the hours/shifts 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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the HSE Body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed By:	Print Name:	Date:
.....

FAO: Candidate Working

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/days detailed on this timesheet. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the HSE Body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed By:	Print Name:	Date:
.....

PLEASE SIGN AND RETURN THE:

WHITE COPY TO MUVE HEALTHCARE

BLUE COPY TO BE KEPT BY THE TEMP

YELLOW COPY TO BE KEPT BY THE CLIENT