



COMPLETING THE FORM:

All timesheets **MUST** be completed in **black ink** and in **block capitals**.

Any timesheets not complying will result in rejection and your timesheet will be returned back to you, this may create a delay in payment.

Time of hours worked MUST be in a 24 hour format.

Timesheets must be received by 12.00 noon Wednesday in order to facilitate payment to your nominated account, via BACS, within 2 working days.

First Name:		Surname:	
GMC Number:		Client Name:	
Grade / Speciality		Booking Reference Number:	

Week Ending Date:		Timesheet Ref No:	
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		Standard Hours (24 Hours)		On Call Hours (24 Hours)					
	Date	Start Time	End Time	Start Time	End Time	Total Hours	Breaks	No Breaks (approved signature)	Total Hours with break deductions
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total(s):									

<p>Candidate Declaration:</p> <p>"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 disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. By signing this timesheet I have accepted the terms and conditions of the agency and I also confirm that I have received a suitable client induction prior to commencing the assignment." Please sign and date below to confirm that the information you have submitted is correct. Please provide supportive evidence for all expenses claimed.</p>	<p>Locum Signature:</p> <p>_____</p>
	<p>Date:</p> <p>_____</p>

<p>Client Authorisation:</p> <p>"I am an authorised signatory for my ward/department/NHS body and I am signing below to confirm that both the grade of agency worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, detection and prosecution of fraud" Any Questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence to NHS Protect Reporting on 0800 028 4060.</p>	
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<p>Print Name:</p> <p>_____</p>	<p>Position:</p> <p>_____</p>
<p>Client Signature:</p> <p>_____</p>	<p>Date:</p> <p>_____</p>