

# TIMESHEET

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Please complete form in block capitals; it is important that you use black ink

Forename (s) :

\_\_\_\_\_

Grade :

\_\_\_\_\_

NMC Number :

\_\_\_\_\_

Surname :

\_\_\_\_\_

Specialty :

\_\_\_\_\_

Department :

\_\_\_\_\_

Trust :
Hospital :
Care Home:

## Working hours

	Date	Booking Ref Number	Start Time	Finish Time	Break Start	Break Finish	Daily Authorised Signature for Worked Hours	If no signature is present the standard Trust Breaks policy will automatically apply	Worked Hours	
									Total	Daily Authorised Signature for Worked Hours
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										

**Total Hours** \_\_\_\_\_

## Weekly Hours Authorised by:

<b>Authorisation Signature:</b> X
_____
<b>Print Name :</b> _____
<b>Date :</b> _____
<b>Position of Authorised Signatory :</b> _____

<b>Locum Signature :</b> X
_____

I am an authorised signatory for my Ward/Department/NHS Body. I am signing below to confirm that both the grade of Agency Worker and the hours/shifts 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 recovery proceedings. I consent to the disclosure of information from this form to and by the NHS Body, Agency and the NHS Counter Fraud and Security Management Service of any other relevant Authority for the purpose of verification of this claim and the investigation, prevention, detention and prosecution of fraud

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you must report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland)

Once completed, please fax white copy to : +44 (0) 2085000541