

Timesheet Number instructions: insert todays date below / insert your initials below

Timesheet Number: W/_____ / _____ Please use one timesheet per shift / booking number

Forename:	Surname:
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Position:	Band / Grade:
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Hospital / Trust / Organisation / Client:

Ward / Site / Dept:	Ref No:
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Shift Start Date	Shift Start Time	Shift End Time	Break Start	Break End	Total Hours Worked
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					

Total Hours in Words:

AGENCY WORKER DECLARATION

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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud

Signature of Agency Worker:	Date:
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CLIENTS DECLARATION

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift 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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud

Name of Authorised Signatory	Position/Band:
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Signature of Authorised Signatory	Date:
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Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England)