

TIMESHEET

NAME.....

HOSPITAL/CARE HOME.....

ADDRESS.....

WEEK ENDING DATE.....

Tel: 0121 603 3300
Fax: 0121 454 7472
Web: www.ac-he.co.uk
Email: wendy@ac-he.co.uk

	DATE	START	FINISH	OVERTIME	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

P.O. No.
(if required)

TOTAL HOURS		
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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 in 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 NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud.

Position of Authorised Signatory:
.....

Weekly Hours Authorised by:

Print Name.....

Signature.....

TEMP'S SIGNATURE.....

DATE.....

I am an authorised signatory for my ward/department/NHS body. I am signing the above to confirm that both 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 recovery proceedings. I consent to the disclosure of information from this form 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, detection and prosecution of fraud.

Please make sure that your timesheet has been signed by an Authorised Timesheet Signatory and yourself, or this will delay payment. The timesheet is specific to the booking start and end date shown above. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report and case of fraud in confidence, to Alexander Chapel Recruitment Ltd. Tel 0117 985 9985

IN SIGNING THE ABOVE, I THE CLIENT ACCEPT THE TERMS OF BUSINESS WHICH WERE SENT WITH THE ORIGINAL BOOKING CONFIRMATION.

**PLEASE COMPLETE AND RETURN THIS TIMESHEET
NO LATER THAN 10.00am THE FOLLOWING MONDAY
SIGNED BY THE CLIENT**