



Timesheet

Name of Trust:			
Hospital Site:			
Worker Forename:		Worker Surname:	
Grade / Band:		Specialty:	
Shift Type:		Department / Ward:	
Booking Ref / PO No:			

Did you receive an induction?	Yes	No
Do you need any further induction training?	Yes	No

Standard Hours

	Date	Start Time	Break	Finish Time	Total Hours	Office Use (shift ref)
M						
T						
W						
T						
F						
S						
S						

On Call Hours (if applicable)

	Date	Start Time	Break	Finish Time	Total Hours	Office Use (shift ref)
M						
T						
W						
T						
F						
S						
S						

Total Standard Hours Worked:	Total Breaks To be Deducted:
Total On Call Hours Worked:	Total Hours To Be Paid:

Timesheet Confirmation – Agency Worker	
I declare that the information that 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.	
Completed By (print name)	Date:
Please sign here to confirm the information entered: X	

Timesheet Confirmation – Authorised Signatory	
I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of the Agency Worker and the hours/shift that I am authorising are accurate and I approve payments. 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.	
Completed By (print name)	Date:
Position:	
Please sign here to confirm the information entered: X	

Any questionable timesheet must be 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) or 0800 015 1628 (within Scotland)

PLEASE FAX OR EMAIL YOUR TIMESHEET TO US BY 12.00PM ON A MONDAY TO AVOID LATE PAYMENT

EMAIL: timesheets@asa-medical.com Fax: 01908 887 447