

**PERSONAL INFORMATION** (Please complete in BLOCK CAPITALS)

**First Name**

**Hospital/ Trust**

707 High Road | Finchley House | Finchley | London | N12 0BT

Tel: 0208 445 4102 | Mobile: 07481

477 397

**Surname**

**Address**

**Job Title/ Grade**

TIMESHEET

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Start Time** | **Start Break** | **Finish Break** | **Finish Time** | **Total**  **Hours** | **Dept/ Ward**  **(Cost Code)** | **Booking Reference**  **Number** | **Authorised Signature**  (for multiple approvers) | **No break taken? Authorised Signature** |
| **Monday** |  |  |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |  |  |
| **TOTAL HOURS IN FIGURES** | | | | | **TOTAL HOURS IN WORDS** | | | | | |
| ***\*\*Notes:*** *(1) To ensure payment, this Timesheet MUST BE received by* ***12pm Tuesday*** *of the following week*  *(2) Timesheets which are not in a legible format or without an authorisation signature WILL NOT be processed for payment*  *(3) Timesheets without* ***Booking Reference*** *and/or* ***PO number*** *(where applicable) WILL NOT be processed* | | | | | | | | | | |

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

Locum Signature Date

**TRUST AUTHORISATION -** I am an authorized signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum 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 (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Authorised Signature Date Induction & Orientation Training Completed Yes □ No □

***Details of the NHS Fraud and Corruption Reporting Line:*** *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 at 0800 028 4060 (within England) or 0800 015 1628 (within Scotland)*

**PLEASE EMAIL TIMESHEET WEEKLY TO :** [**admin@hensmedics.co.uk**](mailto:admin@hensmedics.co.uk)

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