

Part of Asclepius

TIMESHEET

Fax: 0203-137-9991

Email: finance@accident-emergency.co.uk

Locum Name: _____

Department: _____

Client: _____

Grade & Speciality: _____

Week Ending Date: / / (DD/MM/YY)

Booking Ref No: _____

	Dates	Shift Start	Break Start*	Break End*	Shift End	Regular Hours	On-Call Hours	PO No - Client use only	Breaks to be Paid – Client to initial only	Travel Expenses:	
										Business	Personal
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
						Total hours:				Total:	

*Please note breaks may be deducted subject to Trust Policy

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I confirm that I have worked

Write total number of hours

hours

It must be assumed that travel is not paid unless authorised by the A&E Agency at time of booking. Transport receipts must be sent with travel claims. Standard mileage is paid at 23 pence per mile

Note: Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060.

"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 Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that I have been inducted in line with the trust local procedures and policies and that I have been made aware of and given all relevant access to my Day 1 rights."

PLEASE TICK THIS BOX TO CONFIRM YOU AGREE WITH THE LAST STATEMENT:

LOCUM DOCTOR SIGNATURE: _____

PRINT NAME: _____

"I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade 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 Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I confirm that the above mentioned doctor has been made aware of all our trust policies and procedures and has been inducted accordingly, we have also made them aware of their Day 1 rights and given them the relevant access."

Authorisation: We confirm the hours and grade shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business. The timesheet is invalid without this signature:

CLIENT SIGNATURE: _____

PRINT NAME: _____