

Timesheet

Forename: _____ Surname: _____ Grade: _____
 Hospital: _____ Specialty: _____ Ward: _____

To be completed by the agency worker. Please complete this timesheet in block capitals using black ink. You can call us if you have any queries on 0333 321 9080.

Day	Date	Booking reference no.	Start time	Finish time	Break start time	Break finish time	Total hours	Daily authorised signature for worked hours
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Client authorisation signature		Date:	
Print name:		Position / grade:	
<p>Client declaration: I am an authorised signatory for my ward/department/Company/NHS body. I am signing to confirm that the Job Title and Band (where applicable) of the 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. I acknowledge that the standard terms of business or other terms of business as stated on the Confirmation of Booking have been made available to me and are accepted and that an introduction fee may be chargeable should a transfer of the Agency Worker either to direct/permanent employment or engagement by a third party occur.</p>			

<p>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. I declare that I am fit to work & that I will promptly inform the Company if this does or is likely to change. I have received an induction and orientation by the Client for this assignment, including details of any onsite health & safety requirements, fire safety and access to personal protective equipment. I confirm that I am responsible for monitoring my hours of work in relation to the Working Time Regulations. I have read, understood, and agree to the Terms of Engagement supplied to me by the Company.</p>	
Agency worker signature:	
Date:	

Email timesheets@tnamedical.co.uk

Fax 01908 810 248

Deadline Sunday, 23:59