

(Block Capital)

CONTRACTOR NAME: _____

| | |
|----------------|-------------------------|
| WEEK COMENCING | MON: / /2011 |
|----------------|-------------------------|

****NB. ALL TIMESHEETS MUST BE SIGNED DAILY****

FAX 0845 122 0413

HOSPITAL NAME: _____

| Day | Date | Start Time | Finish Time | No. of hours | Less Break Time | Hours Payable | Please Tick | | WARD/DEPT | Nurse In Charge | | Qual. (e.g. RGN) | Grade: Per booking | REF NO. |
|--------------|------|------------|-------------|--------------|-----------------|---------------|-------------|-------------|-----------|-----------------|------|------------------|--------------------|---------|
| | | | | | | | Day Shift | Night Shift | | Signature | Name | | | |
| Mon | | | | | | | | | | | | | | |
| Tue | | | | | | | | | | | | | | |
| Wed | | | | | | | | | | | | | | |
| Thur | | | | | | | | | | | | | | |
| Fri | | | | | | | | | | | | | | |
| Sat | | | | | | | | | | | | | | |
| Sun | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | |

Ensure that you use **BLOCK CAPITALS** in black ink and write clearly or we may not be able to pay your timesheet
 Timesheets, Expense Forms and other payroll documents can be printed from. our web site: www.nursing-personnel.co.uk

NURSE IN CHARGE SIGNATURE: _____ NURSE IN CHARGE PRINT NAME: _____ Date: _____
I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band 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 CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

NAME OF HOSPITAL (print): _____

CONTRACTOR SIGNATURE: _____ CONTRACTOR PRINT NAME: _____ Date: _____

As a contractor and by signing this timesheet 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.

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 on 0800 028 4060 (within England)*

To ensure prompt payment signed timesheets need to be submitted to Accounts Dept, Head Office on 0845 122 0413 by 12pm Friday. Nursing Personnel, Great West House, Brentford TW8 9DF