Timesheet

Sandford Gate, East Point Business Park
Sandy Lane West, Littlemore,
Oxford, United Kingdom, OX4 6LB.

https://healthfirstmedicalstaffing.co.uk/

Consultant Name:	
Agency Worker Name:	
Job Title:	
Ward/Department Name:	
Name of Trust/Hospital/Company:	

	Date DD/MM/YY	Start Time	Finish Time	Break Start	Break Finish	Shift Reference	Authorised Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
				TOTAL Hours			

To be read and completed by the agency worker:

Agency worker declaration

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 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 the hiring client for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Signature: _____   **Name:** _____

To be read and completed by authorised signatory:

Client confirmation

I am authorised signatory for the ward/department/NHS body/company I am signing to confirm the job title and band of the worker and the hours 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 for the purpose off verification of this claim and investigation, detection, and prosecution of fraud.

Signature: _____   **Name:** _____

Position: _____   **Date:** DD / M / Y