

Name and Surname:

Week Ending:

Client Name:

Client Address

Day	Date	Start Time	End Time	Break	Department	Booking reference No.	Total Hours	Authorise by
SUN								
MON								
TUE								
WED								
THUR								
FRI								
SAT								
Total hours								

Please provide comments on the temporary worker's performance:

The below counter fraud declaration, signed and dated by the Temporary Worker: The below statement, to provide details of the NHS Counter Fraud Authority: "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 / Crimestoppers Fraud and Corruption Reporting Line - on 0800284060".

For completion by the authorised ward/department signatory

I am the authorised signatory for my ward/department. I am signing below to confirm that both the band and the staff that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action.

Authorised By:

Print Name:

Position Held:

Date:

Agency worker signature.....

Date.....

All timesheets must be emailed on Sunday before 18.00pm. Incomplete timesheets will result in delayed payment. Please use separate timesheets for different clients and remember to make a copy of the timesheet for a client.