

TIMESHEET

Please complete one timesheet for each ward worked using black pen and block capitals as per example.	FOR COMPLETION BY THE AUTHORISED WARD/ DEPARTMENT SIGNATORY
Forename(s):	I am an authorised signatory for my ward/department. I am signing below to confirm that both the grade and the shift 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 and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Services for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.
Surname:	
Payroll number:	
Trust:	
Ward/Department:	

Booking Reference	Shift Date	Shift Start time (24 hours)	Shift end time (24 hours)	Less total break time (hours: minutes)	Total hours worked (hours: minutes)	Grade worked	Initial (s) and surname of Authoriser
9 9 0 0 1 2 3	1 0 / 0 6 / 0 4	0 9 : 0 0	1 8 : 3 0	0 1 : 2 0	0 8 : 1 0	A	J S M I T H
Example		Total hours worked in long hand	<i>Eight hours and ten minutes</i>			<i>Jane Smith</i>	
	/ /	:	:	:	:		1 0 / 0 6 / 0 4
		Total hours worked in long hand				Authorised Signature	Date / /
	/ /	:	:	:	:		
		Total hours worked in long hand				Authorised Signature	Date / /
	/ /	:	:	:	:		
		Total hours worked in long hand				Authorised Signature	Date / /
	/ /	:	:	:	:		
		Total hours worked in long hand				Authorised Signature	Date / /
	/ /	:	:	:	:		
		Total hours worked in long hand				Authorised Signature	Date / /
	/ /	:	:	:	:		
		Total hours worked in long hand				Authorised Signature	Date / /
	/ /	:	:	:	:		
		Total hours worked in long hand				Authorised Signature	Date / /
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 for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of the verification of this claim and the investigation, prevention, detection and prosecution of fraud.						Additional Trust authorisation (optional according to Trust authorisation policy)	
						Authorised Signature	
						Date / /	
AGENCY STAFF SIGNATURE:						DATE:	
TOTAL HOURS						Any questionable timesheet must be immediately brought to the attention of your Local Counter Fraud Specialist or may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 08702 400 100	