

## Timesheet Ref No: H000606

Tel

Fax

Email

	posted or hande ital / Home	ed in by 12pm on	y 12pm on Monday in order to facilitate payment. Please press firmly with a black ballpoint pen.									Feedback / Reference Form (For Client Only) Poor – 1 Satisfactory – 2 Good – 3 Excellent – 4 Unable to comment – n/a							
Address												Туре	1	2	3	4	n/a	Comments	
Telephone No												Clinical Skills							
Name of Ward						Type of Ward					Clinical Knowledge								
Candidate / Nurse Name							Qualification / Post				Organizational Skills								
Em	oloyee No						Week Ending (Sunday)				Management Skills								
					unday and Bank Holiday rate hours may also vary from client to client.						_	Willingness To Learn							
	lease check with your contact as to which shift pattern applies before accepting an assignment.										,	Contribution to the department							
DAY	DATE e.g. 01/07/17	START TIME e.g. 08:00	FINISH TIME e.g. 16:00	NUMBER OF HOURS	BREAK TIME	TIME WORKED	GRADE OR TYPE	BOOKING REF. NUMBER		AUTHORISED BY	Punctuality								
Mon				1100113			1112					Reliability							
Tue												Self Motivation							
Wed												Were there any concerns or issues with the worker? Yes / No							
Thu										Would you be happy to have the candidate back?  Yes / No									
Fri Sat												would you be happy to have the candid	ate Dack	d .	Tes/	INO			
Sun												Induction Completed by Client (only applies to first shift)  Yes/No							
Total Hrs												You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line o 028 4060. Any questionable timesheet must be immediately brought to the attention of the Local C Fraud Specialist or to the Reporting Line.							
То	Total Pay Hours in Words (Excluding Breaks)											PLEASE SIGN AND RETURN THE TOP AND 2ND PAGE 3RD PAGE TO BE KEPT BY THE TEMP, 4TH PAGE TO BE KEPT BY THE CLIENT.							
I agree to th in accordan I am an auth I am author result in disc information	Approved Signatory agree to the above named person(s) worked hours shown above and by signing the timesheet we agree to pay your account accordance with your terms of business. I understand that a further copy of your terms of business is available on request. I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days that am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may issult in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of formation from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the urpose of verification of this claim and the investigation, detection and prosecution of fraud.									Refer a friend and earn up to £££. Terms apply  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/days 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 the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.									
Signed by	/		Print Name			Date			Signed by		Print Name			Date					
									·									Ref: MFDBS 07/18	