



Weekly Timesheet	Email: timesheets@sirona-medical.co.uk Tel: 020 8050 2999 Fax: 020 8050 2936	Timesheet Ref No	Week Ending Date / /
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All entries must be in **black ink and block capitals**. No correction fluid must be used on the timesheet. Any timesheet that is incomplete or illegible will result in the form being returned back to you and a delay in the payment. Any corrections or alterations made on the timesheet by the agency worker must be initialled by the authorised signatory. Before the timesheet is submitted for authorisation, any uncompleted boxes must be crossed through. **Time of hours worked should be entered in the twenty-four hour clock format.**

Candidate Name		Client Name	
NMC/HcPC No.		Location	
Grade/Specialty		Department	
Booking Ref No		Reporting to	

Day	Date	Start Time	Start Break	End Break	End Time	Break Deduction	Total Hours	PO / BRN Number	Candidate Declaration
	01/01/2013	09 : 00	18: 00	13 : 00	14 : 00	1 : 00	08 : 00		"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 information from this timesheet to and by the NHS body 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. By signing this timesheet I have accepted the terms and conditions of the agency and I also confirm that I have received a suitable client induction prior to commencing this assignment. Please sign and date below to confirm that the information you have submitted is correct. Please provide supportive evidence for all expenses claimed.
Monday	/ /	:	:	:	:	:			
Tuesday	/ /	:	:	:	:	:			
Wednesday	/ /	:	:	:	:	:			
Thursday	/ /	:	:	:	:	:			
Friday	/ /	:	:	:	:	:			
Saturday	/ /	:	:	:	:	:			
Sunday	/ /	:	:	:	:	:			
						Total			Date
									Locum Signature

Placement assessment Please ✓ as appropriate	N/A	Unsatisfactory	Borderline	Satisfactory	Good	Excellent	Client Authorisation
Clinical Skills in line with needs of position							"I am an authorised signatory for my ward/department/NHS body and I am signing below to confirm that both the grade of agency worker and the hours/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 proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, detection and prosecution of fraud" Any Questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence to NHS Protect Reporting on 0800 028 4060. I confirm that I have given an induction prior to commencing this assignment.
Relationships with patients & staff							
Timekeeping							
Managing workload							
Reliability							
Communication skills							
Supervisory skills							
Organisational ability							Print Name
Sickness/absence record							Date
Overall clinical & professional performance in adherence with NMC Code of Practice and behaviour							Client Signature

I can confirm that NO breaks were taken by the candidate in this timesheet. I authorise the FULL PAYMENT with NO BREAKS to be deducted:

Signed.....

Print:.....