

NURSING TIMESHEET

PLEASE EMAIL TIMESHEET WEEKLY TO: nursingtimesheets@mylocum.com or FAX: +44 (0)20 8338 3044

Personal information (Please complete in **BLOCK CAPITALS** and black ink; **No photos**)

First Name: _____ Surname: _____
 Job Title: _____ BAND: _____
 Hospital/Trust: _____ Ward/Dept (Cost Code): _____

Day	Date	Start Time	Breaks taken(min/h)	Finish time	Total Hours	Booking Ref. No.	Ward/Dept (Cost Code)	Approved signature
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								

Total Hours in Figures: _____ Total Hours in Words: _____

***Notes:** (1) To ensure payment, this Timesheet **MUST BE** received by **12pm Tuesday** of the following week.
 (2) Timesheets without **Booking Reference** and/or **PO number** (where applicable) **WILL NOT** be processed.
 (3) Timesheets which are not in a legible format or without an authorisation signature **WILL NOT** be processed for payment.
 (4) In order for the time skipped to be paid, an **authorised signature and name** **MUST** be present in the last column for the corresponding shift. MyLocum holds no responsibility if the Trust refuses to pay despite the approval.

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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Locum's Name: _____ Signature: _____ Date: _____

TRUST AUTHORISATION - I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum and the hours/shift 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 to and by the NHS body and the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Authorised Approver Name: _____ Signature: _____ Date: _____

Induction & Orientation Training Completed? Yes No

Details of the NHS Fraud and Corruption Reporting Line: 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 Fraud and Corruption Reporting Line at 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).