

Locum Timesheet - fax to 0844 9152 999

When completing this form please:

- · Only use black ink
- Obtain authorised signatures for all the shifts you have worked $% \left(1\right) =\left(1\right) \left(1\right) \left$
- · Complete one timesheet for each week worked
- If the hospital deducts breaks and breaks are worked, this must be signed off by an authorised signatory on each line.

To ensure prompt payment please fully complete this form. Your time sheet must be returned to Locum 24 before 14.30 to be included in our daily payroll. After completing your shift(s) please fax this completed form to:

f: 0844 9152 999

| Personal Information First name Hospital name | mation | | | Surnam | 9 | | |
|--|--------|--------------------------|---------------------------|------------------|-----------------------------|---|--|
| Grade and speciality | | | | | | | |
| | | | | | | | |
| Contract number / Trust Order Number | | | | | | | |
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| | | | | | | | |
| Timesheet | | | | | | | |
| Day | Date | Start time (24 hours) | Finish time (24 hours) | On-call hours | Minutes taken for breaks | Approved signature for breaks not taken | Total hours after breaks deducted (hours/minutes) |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |
| Weekly totals | | | | | | | |
| | | | | | | | |
| To be completed by the agency worker (you) 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 details on this timesheet. Date | | | | | | | |
| To be completed by the authorised Trust/hospital signatory I confirm that I am an authorised signatory for my ward/department/NHS body. I am signing 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 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 of 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. First name Surname Position Authorised signature Date | | | | | | | |

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 on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).