 TTTrippleCare Limited, 22b, Regus Building, LU1 3PE, Luton, Bedfordshire,

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**TIMESHEET**

|  |  |
| --- | --- |
| NAME: | CLIENT: |
| GRADE: | UNIT/WARD/TEAM: |
|  | WEEK ENDING: |

WORKING HOURS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DAY | DATE | START TIME | BREAK | FINISH TIME | TOTAL HOURS | CLIENT  SIGNATURE |
| MON |  |  |  |  |  |  |
| TUE |  |  |  |  |  |  |
| WED |  |  |  |  |  |  |
| THUR |  |  |  |  |  |  |
| FRI |  |  |  |  |  |  |
| SAT |  |  |  |  |  |  |
| SUN |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please email timesheets to: [info@tttripplecare.co.uk](mailto:info@tttripplecare.co.uk).

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| --- | --- |
| Candidate Declaration:  I certify that I have worked the hours stated above  I am fit to practice and will inform Shekhinah Care Ltd if this changes  I have read and agreed to the Terms of Engagement supplied to me by Shekhinah Care Ltd  If I have not opted out of Working Time Regulations 48hr/week I am responsible for monitoring my own hours of work  I received orientation and induction by the Authority/Client for this booking  I have read and understand the fraud declaration on this timesheet  Name:  Signature………………………………..Date…………………………………………… | Client Authorisation:  Name:  Position:  Signature……………………………………..Date………………………………….  I confirm the named candidate on this timesheet has worked the hours stated. I also confirm any expenses entered have been authorised. By signing this timesheet I confirm that onsite induction has been given to the named worker on this timesheet. |
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| --- |
| Fraud declaration  I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere 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 form 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. Please make sure all original receipts are posted with your timesheet if travel has been agreed or this will delay payment. This timesheet is specific to this booking.it will be INVALID if used for any other locum assignments. 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 the NHS Fraud and Corruption Reporting Line on 08000 284 060 |