

TIME SHEET

Please leave a copy of authorised timesheet with the client after the assignment and submit a copy to the agency **by Monday 1000hrs by e-mail or fax**. Failure to do so will result in your payment being delayed.

Name:	Job Title:
Band/Grade:	Ward/Unit:
Place Of Work:	
Address:	

Day	Date	Ward / Unit	Booking Reference	Start	Finish	Break	Total Hours	Client Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Please ensure you take at least 30min break if you work for more than 6hrs or 1hr break if you work more than 10hrs. BREAKS ARE NOT PAID IF NOT TAKEN			Total Hours (excluding break)					

CLIENT DECLARATION: PLEASE CONFIRM IF BREAK GIVEN OR NOT GIVEN

PLEASE CONFIRM IF CLIENT INDUCTION PROVIDED ON FIRST ASSIGNMENT - YES NO

Print Name:	Position:
Sign:	Date:

I am an authorised signatory to my ward/department/Organisation/NHS body. I am signing below to confirm that both grade and agency worker and the hours/shifts 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 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 the verification of this claim and investigation, detection and prosecution of fraud. I understand and agree to Proxycare's current Terms of Business.

Client Comments:

CANDIDATE DECLARATION

Agency Worker's Name:	Sign:	Date:
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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 CFMS Service for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by client.

Any question-able 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 0800 028 4060 (within England).

Please direct all payroll enquiries to Payroll Department by email to payroll@proxycare.co.uk.