



**TIMESHEET**

Locum Name (Please Print): \_\_\_\_\_

Limited Company Name (If applicable): \_\_\_\_\_

Week ending: \_\_\_\_\_ (Date)

Hospital (Name): \_\_\_\_\_ Ward (Name): \_\_\_\_\_

Agenda for Change (AFC) Job Profile	
AFC Banding	
Spinal Point	

Day	Date	Start Time	Finish Time	Length of Meal Break	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>TOTAL</b>					

**Candidate Declaration:**

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. If Limited Company, I agree and confirm that this time sheet is to replace an invoice for the work carried out and is payable by "Premiere Recruitment Ltd".

Signature \_\_\_\_\_ Name \_\_\_\_\_

**Client Confirmation**

"I am an authorized signatory for my ward/department/NHS body. I am signing to confirm that the AFC Job title and band of Agency Worker and the hours/shift that I am authorizing 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 for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

**Organization (PLEASE PRINT):** \_\_\_\_\_

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).

Please ensure timesheets are sent on a weekly basis. To ensure prompt payment, timesheets must be submitted by 5:00 PM on **Monday**.