

NHS TIMESHEET Fax 0845 4098 247 or Email to timesheets@247professionalhealth.com by 10AM each Monday

Checked by _____

Payroll w/ending Sunday __ / __ / 20__

CN _____

Full Name of Agency Worker: _____

Hospital and Ward: _____

YOUR JOB ROLE: HCA Band 2 - HCA Band 3 - Nurse Bands 5 - ODP

DAY	DATE dd/mm	TIME IN AM/PM	BREAKS Time taken	TIME OUT AM/PM	HOURS (net of breaks)	AUTHORISING NAME (PRINT) **	AUTHORISING SIGNATURE **	OFFICE REFERENCE
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
					TOTAL			

Authorized Signatory Declaration

"I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band of Temporary Workers 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 other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

Agency Worker 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"

Agency Worker Signed _____ 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.