

Timesheet

Medical Locums (HCA)

TO BE COMPLETED BY THE TEMPORARY WORKER

Please complete one timesheet for each client worked using black pen and block capitals



Candidate Name		<p>Email the scan copy of this Timesheet to shifts@lhlocums.co.uk by every Sunday of the week in order for us to process your payment on time.</p> <p>Tel No: +44 (0) 333 014 6013</p> <p>FOR COMPLETION BY THE AUTHORISED DEPARTMENT SIGNATORY</p> <p>I am an authorised signatory for my Department. I am signing below to confirm that both the grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise 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 Trust 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, and I approve payment. I understand that if I knowingly authorise 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 Trust 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.</p>
Candidate Surname		
Grade / Speciality		
Client Name		
Location		

Day	Date (DD/MM/YY)	Booking Reference	Start Time (HH:MM)	Finish Time (HH:MM)	Break Start Time (HH:MM)	Break Finish Time (HH:MM)	Total hours (HH:MM)	Signature of the Candidate	Name of the Authorised Signatory	Authorised Signature	Date of Signature (DD/MM/YY)
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											
Sun											

I declare that the information I have given on this form is correct and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly authorise 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 Trust 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. I understand that the break is unpaid and 30 minutes will be deducted for 6 hours shift and 60 minutes will be deducted for 12 hours shift according to the policy of the trusts.