

Locum Time Sheet

Fax hotline: 020 7993 9715

Full name: _____

Tel / Mob No: _____

National insurance No: _____

Place of work: _____

Department: _____

Department Tel: _____

I declare that the information on this time sheet is true. In the event of a dispute regarding claimed hours, the locum will be liable to repay any overstated amount unless the time sheet has been duly authorised by the client. Any over payments should be repaid immediately as failure to do so may result in legal proceeding.

Locum Signature: _____

"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"

Authorised/Client Signature: _____

We confirm
 a) Our agreement to the terms of business. b) That the claimed hours are correct.
 Print name: _____
 Date: _____ Position: _____

"I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the AFC Job title, band and spine point of Agency Worker 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 body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

	DATE D M Y	START TIME	FINISH TIME	LENGTH OF MEAL BREAK	HOURS WORKED	OVERTIME HOURS WORKED
MONDAY	: :					
TUESDAY	: :					
WEDNESDAY	: :					
THURSDAY	: :					
FRIDAY	: :					
SATURDAY	: :					
SUNDAY	: :					
<p>PLEASE USE 24 HOUR CLOCK We recommend that you retain copies of all your completed timesheets for further reference. This timesheet must be signed by an authorised signatory in order for us to process payment.</p>				<p>Total Hours and overtime worked.</p>		

Additional notes: _____

Booking reference: _____