

Timesheet

Please complete this timesheet in **block capitals** using **black ink**



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Fax to 01908 810 248 or email to accounts@tnamedical.co.uk

Forename(s) Surname Pin No. (GMC) Hospital / Work Location

Grade Speciality Ward / Department

Working Hours

| Day | Date | Booking Reference | Start Time (24hrs) | End Time (24hrs) | On Call Hours | Minutes taken for Breaks | Total Hours After Breaks | Authorised Daily Signature |
|-----|------|-------------------|--------------------|------------------|---------------|--------------------------|--------------------------|----------------------------|
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | | | |
| Thu | | | | | | | | |
| Fri | | | | | | | | |
| Sat | | | | | | | | |
| Sun | | | | | | | | |

Authorising Signature:

Date:

Authorising Name:

Position:

Total Hours

Locum Signature:

Date:

I confirm that I am authorised to agree the hours of temporary workers. I am signing to confirm that both the grade of Agency Worker and the hours recorded here are accurate and that 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, client, Agency and NHS counter fraud and Security Management Service or any other relevant Authority for the purpose of verification of this claim and the investigation, prevention, detention and prosecution of fraud.

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 for prosecution and civil recovery proceedings which will include immediate reimbursement to TNA Medical Limited of any overpayment. I consent to the disclosure of information from this form to and by the NHS Body/Agency and the NHS Counter Fraud and Security Management Service or any other relevant Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.