



Devonshire House, 582 Honeypot Lane, Stanmore, Middlesex HA7 1JS  
**Tel:** 020 8906 2001 **Fax:** 020 8905 6728

CLIENT NAME/PCT \_\_\_\_\_ WARD/ \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

FIRST NAME - USE BLOCK CAPITALS

\_\_\_\_\_

SURNAME - BLOCK CAPITALS

\_\_\_\_\_

WEEK ENDING SUNDAY

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

DAY MONTH YEAR

DAY	DATE	REFERENCE NUMBER	GRADE /BAND	START	TOTAL BREAK	FINISH	TOTAL	CLIENT SIGNATURE
MON	_____	_____	_____	____ : ____	____ : ____	____ : ____	____ : ____	
TUE	_____	_____	_____	____ : ____	____ : ____	____ : ____	____ : ____	
WED	_____	_____	_____	____ : ____	____ : ____	____ : ____	____ : ____	
THU	_____	_____	_____	____ : ____	____ : ____	____ : ____	____ : ____	
FRI	_____	_____	_____	____ : ____	____ : ____	____ : ____	____ : ____	
SAT	_____	_____	_____	____ : ____	____ : ____	____ : ____	____ : ____	
SUN	_____	_____	_____	____ : ____	____ : ____	____ : ____	____ : ____	

TOTAL \_\_\_\_\_ : \_\_\_\_\_

"I am an authorised signatory for my ward/ department/NHS body. I am signing to confirm that the Job Profile Title and Band 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"

**TO BE COMPLETED BY CLIENT:**

AUTHORISED CLIENT SIGNATURE

\_\_\_\_\_

POSITION

\_\_\_\_\_

NAME

\_\_\_\_\_

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 (within England)".

"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 time sheet. 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"

**PLEASE POST TO REACH OFFICE BY 12 NOON MONDAY PAYMENT FOR THAT WEEK**

WHITE & YELLOW COPY • OFFICE

PINK COPY • CLIENT

BLUE • EMPLOYEE

**LICENSED BY THE CARE QUALITY COMMISSION**

**I CONFIRM THAT I HAVE WORKED THE ABOVE HOURS**

SIGNED

\_\_\_\_\_