



699 Warwick Road, Solihull

T 0121 705 8157

F 0121 711 7933

NHS WEEKLY TIME SHEET

All details must be completed correctly and accurately. Time sheets must be signed by the employer and returned by close of business on **Friday** to ensure wages can be processed.

NHS TRUST						EMPLOYEE NAME		
INVOICE ADDRESS						SITE ADDRESS		
JOB TITLE						WEEK COMMENCING / START DATE		
PURCHASE ORDER NO						GRADE/BANDING		
DATE	MORNING		AFTERNOON		OVERTIME	TOTAL (EX-LUNCH)	Worker's 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/days 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. I consent to the disclosure of information from this form to and by the Authority 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	
	FROM	TO	FROM	TO				
MON								
TUE								
WED								
THUR								
FRI								
SAT								
SUN								
TOTAL HOURS IN WORDS								
NB If you have taken holiday and wish to be paid accrued holiday pay, please show on relevant day								
Signed								

Total certified hours worked

Agreed additional expenses £

Client's authorisation I am an authorised signatory for this Authority. I am signing below to confirm that both the pay point and the hours/days 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 Authority and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud

Name Signature Date

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line. You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on **0800 028 4060**

Office use only

RATE WES001	HOURS WORKED	PAY RATE	CHARGE RATE	HOLIDAY PAY	PAYROLL NUMBER	HOLIDAY ENTITLEMENT	
						YES	NO
Normal					ADDITIONAL INFORMATION		
OT 1							
OT 2							
OT 3							