



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			GRADE/BANDING		WEEK COMMENCING / START DATE	PURCHASE ORDER NO
DATE	MORNING		AFTERNOON		OVERTIME	TOTAL (EX-LUNCH)
	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						

Temporary 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/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 Authority, other Public Sector body and Private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed

Total certified hours worked

Agreed additional expenses £

Client's authorisation I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers 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 other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, 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	HOURS WORKED	PAY RATE	CHARGE RATE	HOLIDAY PAY	PAYROLL NUMBER	HOLIDAY ENTITLEMENT	
						YES	NO
Normal					ADDITIONAL INFORMATION		
OT 1							
OT 2							
OT 3							

APPENDIX 1 – ASSESSMENT FEEDBACK ON THE PERFORMANCE OF THE TEMPORARY WORKER DURING THE PERIOD COVERED BY THE TIMESHEET.

Please ✓ as appropriate, providing additional comments in support of the statements made	Unable to comment	Poor	Satisfactory	Good	Very Good	Excellent
Skills demonstrated in line with the requirements of the position						
Relationships with patients, other healthcare workers and the public as appropriate						
Timekeeping and management of workload						
Records management						
Reliability						
Communication skills						
Supervisory skills (if applicable)						
Organisational ability						
Sickness/absence record						
Was the Temporary Worker recruited and paid in line with the suggested NHSI Agency Caps? If answering no please provide additional information in the 'additional comments' section below.	Yes			No		
Was the Temporary Worker supplied through an approved Framework? If answering no, please provide additional information in the 'additional comments' section below.	Yes			No		
Additional comments in support of the statements made						