

Weekly Timesheet

Email: payroll@pertempsmedical.co.uk
 Fax: 01442 892540 Timesheets only

Timesheet Ref No

Week Ending Date

All entries must be in **black ink and block capitals**. No correction fluid must be used on the timesheet. Any timesheet that is incomplete or illegible will result in the form being returned back to you and a delay in the payment. Any corrections or alterations made on the timesheet by the agency worker must be initialled by the authorised signatory. Before the timesheet is submitted for authorisation, any uncompleted boxes must be crossed through. **Time of hours worked should be entered in the twenty-four hour format.**

Candidate Name		Client Name	
GMC/GDC No		Location	
Grade / Speciality		Department	
Booking Ref No		Reporting to	

	Date	Start Time	End Time	Total Break Deduction	Standard Hours	On Call Hours	Unsociable Hours	Total Hours	Expenses (Receipts Required)	Candidate Declaration				
e.g.	31 / 01 / 2018	09 : 00	18 : 00	1 : 00	8 : 00	6 : 00	1 : 00	15 : 00	£ 10 : 00	"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. I consent to the disclosure of information from this timesheet to and by the NHS body 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. By signing this timesheet I have accepted the terms and conditions of the agency and I also confirm that I have received a suitable client induction prior to commencing the assignment." Please sign and date below to confirm that the information you have submitted is correct. Please provide supportive evidence for all expenses claimed.				
Monday	/ /	:	:	:	:	:	:	:	£ :					
Tuesday	/ /	:	:	:	:	:	:	:	£ :					
Wednesday	/ /	:	:	:	:	:	:	:	£ :					
Thursday	/ /	:	:	:	:	:	:	:	£ :					
Friday	/ /	:	:	:	:	:	:	:	£ :					
Saturday	/ /	:	:	:	:	:	:	:	£ :					
Sunday	/ /	:	:	:	:	:	:	:	£ :					
			Total	:	:	:	:	:	£ :	<table border="1"> <tr> <td>Locum Signature</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> </table>	Locum Signature		Date	
Locum Signature														
Date														

Placement assessment Please ✓ as appropriate	N/A	Unsatisfactory	Borderline	Satisfactory	Good	Excellent	Client Authorisation						
Clinical Skills in line with needs of position							"I am an authorised signatory for my ward/department/NHS body and I am signing below to confirm that both the grade of agency worker and the hours/shift 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 proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, detection and prosecution of fraud" Any Questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence to NHS Protect Reporting on 0800 028 4060.						
Relationships with patients & staff													
Timekeeping													
Managing workload													
Reliability													
Communication Skills													
Supervisory Skills													
Organisational ability													
Sickness/absence record							<table border="1"> <tr> <td>Print Name</td> <td></td> </tr> <tr> <td>Client Signature</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> </table>	Print Name		Client Signature		Date	
Print Name													
Client Signature													
Date													
Overall clinical & professional performance													