

Timesheet - To be completed by agency worker

For our Nurses and AHPs, email this completed form to payrollnursing@id-medical.com
Or if you're a Doctor email to payroll@id-medical.com

When completing this form please: Only use black ink. Obtain authorised signatures for all the shifts you have worked. Complete one timesheet for each week worked. If the hospital deducts breaks and breaks are worked, this must be signed off by an authorised signatory on each line.

Please fully complete this form and return a copy to the ward manager and a copy to ID Medical (fax: 01908 552 298 / email to: payrollnursing@id-medical.com Or if you're a Doctor email to Payroll@id-medical.com

Personal Information											
First name*					Surname*						
Candidate number*	Dane	l/Grade*			PO number/Con	troot rof *					
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Hospital*				-			Ward	d/Specialty *	-		
Day Date*	Shift start time	e* Sh	Shift finish time*		Breaks total* (hours/minutes)		On Call Hours / Home Visits *		ure for eaks *	Total hours* (hours/minutes)	
Monday			:		н	ı				н	M
Tuesday			:		н	ı				Н	M
Wednesday			:		H	1				Н	M
Thursday						ı				Н	M
Friday	:				H	١				Н	M
Saturday	:				H	1				Н	M
Sunday			:			1				Н	M
Please confirm whether	the induction h	nas beer	n comple	eted*				Weekly	total*	Н	M
If not, please specify why											
To be completed by the agend	cy worker (you))				r					
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All fields marked with *are mandatory and must be completed correctly to avoid the timesheet being rejected. 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) or 0800 015 1628 (within Scotland).