

AHP/HSS Timesheet - fax to 01908 810 290

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 to ID Medical.
Payment is made 2 working days following receipt of corresponding timesheet submitted by 2.30pm.

After completing your shift(s) please return this completed form to:
 ID House, 1 Mill Square, Wolverton Mill South, Milton Keynes, MK12 5ZD
e: payroll@id-medical.com f: 01908 810 290 t: 01908 552 283

Personal Information

First name Surname

Hospital name

Grade and speciality

Contract Reference Candidate number

Timesheet

Day	Date	Start time (24 hours)	Finish time (24 hours)	On call hours	Minutes taken for breaks	Approved signature for breaks not taken	Total hours after breaks deducted (hours/minutes)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Weekly totals							

To be completed by the agency worker (you)

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 details 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 time to time 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.

Authorised signature

Date

To be completed by the authorised Trust/hospital signatory

I confirm that I am an authorised signatory for my ward/department/NHS body. I am signing 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 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 of the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

First name

Surname

Position

Authorised signature

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) or 0800 015 1628 (within Scotland).