 **TIMESHEET**

Please either email or fax your timesheet & invoice by Monday 12pm to ensure payment as applicable (weekly, fortnightly).

**Email:** payroll@stickhealthcare.uk

Tel: 02030316594, 07495465699

|  |  |  |
| --- | --- | --- |
| **First Name:** |  | |
| **Last Name:** |
| **Job Title/Speciality:** |  |  |
| **Band:** |  |  |
| **Hospital/Trust:** |  | |
| **Ward/Department:** |

**DETAILS OF SHIFT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WEEK** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **DATE** |  |  |  |  |  |  |  |
| **START TIME** |  |  |  |  |  |  |  |
| **FINISH TIME** |  |  |  |  |  |  |  |
| **BREAK** |  |  |  |  |  |  |  |
| **DAY HOURS** |  |  |  |  |  |  |  |
| **NIGHT HOURS** |  |  |  |  |  |  |  |
| **TOTAL HOURS** |  |  |  |  |  |  |  |
| **APPROVED** |  |  |  |  |  |  |  |

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 NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I confirm that I have had a full induction at the Trust and understand that all breaks must be taken in line with the Trust’s breaks policy.

**Temporary Worker Signature: DATE:**

**I** CONFIRM THAT THE ABOVE HOURS HAS BEEN SUCCESSFULLY WORKED BY THE STAFF NAMED ABOVE. I AM THE AUTHOURISED MEMBER OF THE ORGANISATION FOR WHICH I AM COMFIRMING THE ABOVE HOURS. THE HOURS WORKED AND EXPENSES WILL BE PAID IN ACCORDANCE WITH OUR TERMS OF BUSINESS.

**PRINT NAME: SIGN: DATE:**

**Our deadline for timesheets is 12pm Monday**