



TIMESHEET

Grosvenor House, 11 St Pauls Square, Birmingham, B3 1RB

Tel : 03301243750 Mobile : 07806 749798

Staff Name	Staff Position
Band	Payroll Number
Hospital/ Location	

Week Ending.....

DAY	DATE	START TIME	FINISH TIME	BREAK	SLEEP IN	HOURS CLAIMED	BOOKING REFERENCE	SIGNATURE
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
				Total Hours				

<p>I confirm I worked the date and hours claimed above. Name</p> <p>Signature</p> <p>Please confirm induction given at work location <input type="checkbox"/></p>	<p>Client Authorised Signature Name</p> <p>Band/ Position</p> <p>Signature</p>
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All TIMESHEETS ARE DUE ON MONDAY @ 1000HRS. All timesheets to be sent to payroll@4seasonshealthcare.co.uk Incomplete timesheets will result in delayed payment. Please use separate timesheets for different clients. White copy – Office Blue copy – Client Yellow copy – employee. “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” Counter fraud declaration to be signed, with printed name and position of the Authorised Signatory, and dated by the Authorised Signatory of the Authority (and cost centre stamp if required by the Authority) “I am an authorised signatory for my ward/department/NHS body.

I am signing to confirm that both the grade of Locum 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 and 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”