



# Locum Timesheet - fax to 01483 600 334

**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.

To ensure prompt payment please fully complete this form. Your time sheet must be returned to TLC before 14.30 to be included in our daily payroll. After completing your shift(s) please fax this completed form to:

f: 01483 600 334 t: 0845 279 9787

**Personal Information**

First name

ANTHONY

Surname

SMITH

Hospital name

MAIDEN HOSPITAL

Grade and speciality

SPR - MEDICINE

Contract number / Trust Order Number

852358964

**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	22/02/2012	08.00	17.00		30	<i>Predd</i>	8.30
Tuesday	23/02/2012	08.00	20.00		60	<i>Predd</i>	11.00
Wednesday	24/02/2012	08.00	20.00		0	<i>Predd</i>	12.00
Thursday	25/02/2012	Start and finish time(s) should be completed in a 24 hour clock format in these columns.		Record any hours that were worked on call in this column.	You must record all breaks taken in the 1st column. If you are unable to take a break or only part of a break in line with the hospitals break policy, you <b>must</b> get a signature on each line to verify this.		Insert hours worked in this column ensuring you deduct any breaks taken from the daily totals.
Friday	26/02/2012						
Saturday							
Sunday							
Weekly totals					180		55.00

**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.

Authorised signature

*A Smith*

Date

27 02 2012

**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

JAMES

Surname

REID

Position

CONSULTANT

Authorised signature

*Predd*

Date

27 02 2012

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).