

TIMESHEET



CANDIDATE NAME: _____

PLACE OF WORK: _____

WEEK ENDING DATE: DD/MM/YYYY

Please ensure that your signed timesheet is returned to us by fax (01256 818260) or email timesheets@1-recruitment.co.uk no later than **12 noon** on the following **Monday** after the week that you have worked.

Please make a conscious effort to work to the nearest 15 minutes

DAY	START TIME	FINISH TIME	BREAK TIME	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
			TOTAL HOURS	

PLEASE DETAIL ANY EXPENSES, OVERTIME ETC (ATTACH RECEIPTS)

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/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

SIGNED BY TEMPORARY WORKER DATE

PRINT NAME.....

I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

SIGNED BY AUTHORISING CLIENT DATE

PRINT NAME.....

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 0284060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.