Timesheet

Booking details

Please email back to:
southwalestimesheets@bluestonesmedical.co.uk
OR Fax to **01633 415 346**

Surname ..... **Forename** .....

Health Board .....

Hospital ..... **Location** .....

Invoice No	
PO No	
If pool shift – area allocated	

Day worked	Date worked	Booking Ref No.	Time worked		Unpaid breaks	Total hours worked	This section must be signed by sister or nurse in charge				
			From	To	In minutes		Print name	Signature	Ward	Band	Date
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
		Total hours excluding unpaid breaks					Please note that breaks will automatically be deducted in line with WTD unless specifically authorised and noted on this timesheet.				

WORKER DECLARATION

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 persecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Sign .....

Print ..... Date .....

AUTHORISED SIGNATORY

I am an authorised signatory for my Ward/Department/NHS/Public sector body/Private sector body. I am signing to confirm that the Job profile Title and Band/Grade of Temporary Workers 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 Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Sign ..... Print .....

Position ..... Contact ..... Date .....

Feedback: ID badge present YES/NO | Clean & smart uniform? YES/NO | Professional? YES/NO | On time? YES/NO | Would you use again? YES/NO | Med Keys returned? YES/NO | Induction/orientation completed? YES/NO