

Timesheet

BOOKING DETAILS

Please email back to
theatrestimesheets@bluestonesmedical.co.uk
 OR
 Fax to **01244 314 503**



Name: _____

Department: _____

Place of Work: _____

Week Ending: _____ Manager on shift: _____

HOURS WORKED					Total Hours			
Day	Date	Start time	End time	Break	Early @£	Late @£	Night @£	BH @£

FEEDBACK

	YES	NO
ID badge present?	<input type="radio"/>	<input type="radio"/>
Clean & smart uniform?	<input type="radio"/>	<input type="radio"/>
Professional?	<input type="radio"/>	<input type="radio"/>
On time?	<input type="radio"/>	<input type="radio"/>
Would you use their help again?	<input type="radio"/>	<input type="radio"/>
Med Keys returned	<input type="radio"/>	<input type="radio"/>
Induction / orientation completed	<input type="radio"/>	<input type="radio"/>

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 _____