

# time sheet

## Details

Locum name \_\_\_\_\_ Booking ref 

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Address \_\_\_\_\_ AFC job title \_\_\_\_\_

\_\_\_\_\_ AFC band \_\_\_\_\_

\_\_\_\_\_ NHS authority \_\_\_\_\_

\_\_\_\_\_ NHS department \_\_\_\_\_

## Hours

	Date	Start time	End time	Breaks	Standard hours worked	Overtime hours worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total hours and Overtime worked:						

## Petrol/travel claim

Any claims for petrol or travel allowances must be entered in the box below and the authorising signatory must sign this box as well as the space below. Any petrol/travel claims which are not signed and confirmed in this manner will not be paid or invoiced

Petrol claim £ \_\_\_\_\_ or \_\_\_\_\_ miles at £ \_\_\_\_\_ per mile Total £ \_\_\_\_\_

Total amount of petrol claim £ \_\_\_\_\_

I authorise payment of the above amount - signed \_\_\_\_\_

## Authorisation

As authorising signatory, I confirm that the above hours are the total hours to be invoiced

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the AFC Job title and band 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 and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud

Line Managers signature \_\_\_\_\_ Date \_\_\_\_\_

Line Manager print name \_\_\_\_\_ Full Position \_\_\_\_\_

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

Locum signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this timesheet I am confirming I have received, read, understood and agree to the Terms & Conditions of this business. That any change of relationship/status with a locum or any person introduced by this business may attract a fee under the Department of Trade & Industries **Conduct of Employment Agencies & Employment Businesses Regulations** ([www.dti.gov.uk/er/agency/newregs.htm](http://www.dti.gov.uk/er/agency/newregs.htm))

# Fax 0871 911 6254

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)

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