

WEEKLY TEMPORARY STAFF TIME SHEET

CLIENT DETAILS	Surname:	<div>Please comment on the overall performance of this temporary worker during the shift. Please tick (✓) Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Would you book them again? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Position: Tel:</div>
TRUST NAME:	First Name:	
HOSPITAL:	Job description: Pay Band:	
WARD OR LOCATION:	Employee Number:	

Send to:
Twenty Four Seven,
2 Grove Promenade,
Ilkley, LS29 8AF

For payroll enquiries
call: 0845 2306 247
Fax: 01943 604800

Copies: White + Pink - send to office Yellow - worker copy Blue - leave with client

Date		Booking Reference No	Shift Start Time	Shift End Time	Break Start	Break Finish	Total break time taken	Hours worked written in longhand (less breaks)	Total hours worked less breaks	Pay Band	Authorised signatory	Print Name	Date
	Mon												
	Tues												
	Weds												
	Thurs												
	Fri												
	Sat												
	Sun												
Total													

For completion by the authorised ward/ department signatory.
I am an authorised signatory for my ward/department. I am signing below to confirm that I am authorising that both the grade and the shift 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 Trust 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.

Any questionable timesheet must be immediately brought to the attention of your Unit Manager.
I certify that the above details are correct to the best of my knowledge and belief and approve the claim

Print Name _____ Position _____

Signed _____ Date _____

For completion by the Temporary Worker.
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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, defection and prosecution of fraud.

Mileage (Non NHS Clients)..... Days @..... miles per day @ 35 pence per mile over 20 mile round trip.

Signed _____ Date _____

TIMESHEET COMPLETION - BEST PRACTICE

Temporary Workers should have their timesheet with them for all worked shifts to be signed (bottom left of form) by an authorised signatory for the Ward or Department.

- An authorised signatory should sign to confirm the hours worked by the Temporary Worker at the end of each shift.
 - The Temporary Worker should send the top two copies to Twenty Four Seven. 2 Grove Promenade, Ilkley, West Yorkshire LS29 8AF.
 - Booking reference number to be written in appropriate box provided if applicable.
 - All entries must be made in black ink and no correction fluid must be used on the timesheet. Any corrections or alterations must be initialed by the authorised signatory.
 - Before the timesheet is submitted for payment any uncompleted boxes must be crossed through.
 - Faxed and photocopied timesheets will not be accepted by Twenty Four Seven.
 - Completed timesheets should be retained by the Temporary Worker for two years. If the timesheet has been scanned the original does not need to be stored.
- Under Article 4 of the European Working Time Directive, where the working day is longer than six hours, every worker is entitled to a rest break and the total break time should be deducted from the total shift time and recorded in the less total break time column on each submitted form.

ANY TIMESHEET WHICH IS INCOMPLETE OR ILLEGIBLE WILL RESULT IN THE FORM BEING RETURNED TO YOU AND A DELAY IN PAYMENT.