CES Locums
Placing you first

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TIMESHEET

Candidate Name: **Candidate ID:**

Candidate GMC No: **Grade/Specialty:**

Client/Hospital Name: **Dept/Ward:**

Day	Date	Start Time	Finish Time	Overtime		Breaks		Total Hours
				Start Time	Finish Time	Start Time	Finish Time	
			TOTAL WEEKLY HOURS:					

Travel Expenses

Other Expenses:

Employee's 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 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.

Signature: _____

Name: _____

Date: _____

Client Declaration Authorised on Behalf of the Client by:

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum 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 (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature: _____

Name: _____

Position: _____

Date: _____

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) or 0800 015 1628 (within Scotland)