

## TIMESHEET

<b>Agency Worker Name:</b>	<b>Worker ID:</b>
<b>Profession:</b>	<b>Grade:</b>
<b>Base of Work:</b>	<b>Speciality:</b>

Day	Date	Start Time	Finish Time	Non-Resident On-Call		Breaks		Total Hours
				Start Time	Finish Time	Start Time	Finish Time	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
<b>TOTAL WEEKLY HOURS:</b>								

<b>Expenses:</b>	
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**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:** .....

**Locum Placement Assessment Form**

Please ✓ as appropriate, providing additional comments in support of the statements made	Poor	Satisfactory	Good	Very Good	Excellent	Unable to comment
Clinical skills demonstrated in line with the requirements of the position						
Relationships with patients, other healthcare workers and the public						
Timekeeping and management of workload						
Patient records and other records management						
Reliability						
Communication skills						
Supervisory skills						
Organisational ability						
Sickness/absence record						
Additional comments in support of the statements made						

**Signature:** .....

**Name:** .....

**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)