



Temporary Shift TIMESHEET

WEEKENDING
DATE (SUNDAY)*

/ /

Please complete and return this Timesheet via Email to timesheets@hallammedical.com or Fax to 0333 456 0395.
To meet the Friday pay run, the timesheet must be fully completed and submitted by 10:00 AM on Monday morning.

Illegible fields or Failure to complete fields marked with a * or state if not applicable (NA) will delay processing and payment.

Full Name*:

Badge ID:

Trust/Client*:

Hospital*:

Ward/Department*:

Job Title*:

Band*:

Day	Shift Start Time	Shift End Time	Break Time ¹		Total Hours Worked (minus Break)
			Start Time	End Time	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
			Total Hours Worked		

Candidate 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 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.

Please make sure all original receipts are posted with your timesheet if travel has been agreed or this will delay payment.

I am fit to practice and will inform Hallam Medical Limited if this changes.

- I have read and agreed to the Terms of Engagement supplied to me by Hallam Medical Limited.
- If I have not opted out of Working Time Regulations 48 hr/wk I am responsible for monitoring my own hours of work.
- I received orientation and induction by the Authority/Client for this booking.

Candidate Signature*:

Date*:

Client Authorisation

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 NHS other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England 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 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)

Client Signature*:

Date*:

Client Name*:

Client Position*:

¹ Rest and meal breaks are unpaid

