



# NHS TIME SHEET

Central Employment Agency  
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Please Complete the Following

<b>Name:</b>	<b>Job Title:</b>
<b>Client:</b>	

Date	Start Time	Break	Finishing Time	Basic Hours	Overtime 1	Overtime 2
Mon / /						
Tue / /						
Wed / /						
Thurs / /						
Fri / /						
Sat / /						
Sun / /						
<b>Totals</b>						

I declare that the information I have given on this form is correct and complete and that I have not claimed for the hours/days 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 Customer 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.

**For Client Use Only**

I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours 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 Customer 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.

**Name** ..... **Position** .....

**Signature** ..... **Date** .....

Please ensure you have correctly entered all the hours you have worked. Once totalled, a authorised signatory at your place of work should sign your Time Sheet. **Your Time Sheet(s) must be at the CEA offices NO LATER than 10am on the Monday following your working week. Failure to do this may result in a delay in the payment of your wages!**

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on **0800 028 4060**. Any questionable timesheet must be immediately brought to the attention of the local Counter Fraud Specialist or to the Reporting Line.

<b>Date: Week Commencing</b>				<b>(For Office Use Only)</b>
<b>Hours</b>				<b>I.D. Code</b> .....
<b>Pay</b>				
<b>Charge</b>				
<b>Invoice Details</b>				<b>Client Code</b> .....
				<b>Job ID Code</b> .....