

*(A photographic copy of this timesheet using a smartphone cannot be accepted)*

Section 1: Please write in BLOCK CAPITALS

First Name:		Surname:	
Client/Surgery:	Trust/ Authority:	TFS Consultant:	
Profession:	Please Note: use one timesheet per client. Claims for hours worked on more than one Client may invalidate your timesheet.)		

	DATE	START TIME	BREAK	FINISH TIME	TOTAL HOURS / FULL DAY	AUTHORISED CLIENT SIGNATURE
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
<b>WEEKLY TOTALS</b>						

Agreed Expenses: (Attach separate Expenses Form/Receipts).

**Section 3: Please ensure your timesheet is completed and either emailed, faxed or posted to TFS Healthcare; to arrive before Monday 12PM to ensure payment that week. For daily payroll submit your timesheets by 10AM.**

Failure to do so will result in your payment being delayed. 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 NHS body (or otherwise) and the NHS CFSMS (or otherwise) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by client.

I also confirm that I am aware of the placement policies & procedures and I have received an induction within the clinical area.

Name:	Signed:
Position:	Date:

Client Authorisation:

I am an authorised signatory for my ward/department/NHS Body or other relevant organisation. I am signing to confirm that the Job Profile Title and Band of Nurse and the hours/shifts 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 (or otherwise) and the NHS CFSMS (or otherwise) in England (if applicable) or other relevant organisation for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name:	Signed:
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). (Applicable to the NHS only). I understand and agree to TFS Healthcare's current Terms of Business.