

Timesheet deadline 10am Monday in order to facilitate payment.  
Please press firmly with black ballpoint pen.

Email: [Timesheets@urgentresponsehealthcare.com](mailto:Timesheets@urgentresponsehealthcare.com)

Personal information (Please complete in **BLOCK CAPITALS** and black ink; NO PHOTOS)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_ BAND: \_\_\_\_\_

Hospital/ Trust: \_\_\_\_\_

Day rate and night rate hours may vary from client to client. Saturday, Sunday & Bank Holiday rate hours may also vary from client to client.

Please check with your Urgent Response Healthcare contact as to which shift pattern applies before accepting an assignment.

Day	Date	Start Time (24hr)	Finish Time (24hr)	Break time	Total Hours:	Booking Ref. No.	Ward/ Dept (Cost Code):	Approved signature:
MON								
TUE								
WED								
THUR								
FRI								
SAT								
SUN								

Total Hours in figures minus break:

Total Hours in words:

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/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 the civil recovery proceedings. I consent to the disclosure of information from this form to and by the client 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.

Locum's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorised Trust/ hospital signatory**

I agree to the above named person(s) worked hours shown above and by signing the timesheet we agreed to pay your account in accordance with your terms of business. I understand that a further copy of your terms of business is available on request.

I am an authorised signatory for this ward/department/client. I am signing below to confirm that both the pay point and the hours/days that I am authorizing 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 client and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and he investigation, detection prosecution of fraud.

Authorised Approver Name: \_\_\_\_\_

Approver signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Induction & Orientation Training Completed? YES  NO

Please complete below if you are in a position to evaluate this locum's service (please circle)

1- Poor

2- Satisfactory

3-Good

4-Excellent

Additional comments:

**Details of the NHS Fraud and Corruption Reporting Line:** 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 at 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).