



# TIMESHEET

EMPLOYEE NAME	CLIENT NAME
EMPLOYEE TITLE/GRADE	ADDRESS
DEPARTMENT/WARD	CLIENT CONTACT NO.

DAY	DATE e.g 10/02	START	FINISH	BREAK	TIME WORKED	GRADE	BOOKING REF	AUTHORISED BY
MON								
TUES								
WED								
THUR								
FRID								
SAT								
SUN								
TOTAL HOURS								

Hours In words: .....

The above member of Crown Medical Services Limited worked the above hours and we agree in accordance of the terms and conditions of Business to pay your account standard introductory fee will be charged if the locum is taken on full time or allowed to change agencies. I declare that the information I have on this form is correct and complete and that I have not claimed elsewhere for the hour/shifts detailed on this time sheet. 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 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.

**Time sheets must be submitted by 10am on Monday to be processed the same week. Please email the above email or Fax to:020 8501 4609. Please use separate timesheets for different clients.**

**EMPLOYEE'S EMPLOYEE'S SIGNATURE..... Date.....**

DAY	Poor	Good	Very Good	Excellent
Time keeping				
Dress Code				
Patient feedback				
Colleague Feedback				
Skills for role				
Communication Skills				
Comments				

Would you re-employ this candidate: **Yes:**  **No:**

I am an authorised signatory for my ward/department/NHS body I am signing to confirm that the Job Profile Title and Band of Agency Worker 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 for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud. Staff to send original timesheet to Crown Medical Services Limited, 2nd copy, leave with Authorised Officer of the Authority and 3rd copy for the Agency worker and 4th copy to Authority.

**AUTHORISED BY (member of staff)**

**Name** **Position** **Date**