

Time Sheet

Must be received by midday MONDAY via EMAIL OR POST

meditimesheets@mediplacements.com

Full name:

Tel / Mob No:

National insurance No:

Place of work:

Department:

Department Tel:

I declare that the information on this time sheet is true. In the event of a dispute regarding claimed hours, the worker will be liable to repay any overstated amount unless the time sheet has been duly authorised by the client. Any over payments should be repaid immediately as failure to do so may result in legal proceeding.

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 and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Worker Signature:

Authorised/Client Signature:

We confirm

a) Our agreement to the terms of business. b) That the claimed hours are correct.

Print name:

Date:

Position:

	DATE			START TIME	FINISH TIME	LENGTH OF MEAL BREAK	HOURS WORKED	OVERTIME HOURS WORKED
	D	M	Y					
MONDAY	:	:						
TUESDAY	:	:						
WEDNESDAY	:	:						
THURSDAY	:	:						
FRIDAY	:	:						
SATURDAY	:	:						
SUNDAY	:	:						
PLEASE USE 24 HOUR CLOCK						Total hours and overtime worked.		
We recommend that you retain copies of all your completed timesheets for further reference. This timesheet must be signed by an authorised signatory in order for us to process payment.								

Additional notes:

Booking reference:

110 Brooker Road, Waltham Abbey, EN9 1JH. Tel: 0345 230 6666



HEALTHTRUST EUROPE
Awarded Supplier