



TEMPORARY STAFFING AGENCY

020 3370 4032

TRUST	
HOSPITAL	
WARD	
WEEK ENDING (SUNDAY)	

SHIFT DETAILS							
DAY	DATE	START TIME	FINISH TIME	BREAK TIME	HOURS CLAIMED	GRADE OR TYPE	REFERENCE/SHIFT NUMBER
	--/--/--	--:--	--:--				
TOTAL PAY HOURS IN WORDS (EXCLUDING BREAK)							

CANDIDATE DECLARATION			
I certify that I have worked the hours as stated above. I am fit to practice and will inform TSA if this changes. I have read and agreed to the Terms of Engagement supplied to me by TSA. If I have not opted out of Working Time Regulations 48 hr/week I am responsible for monitoring my own hours of work. I received orientation and induction by the Authority/Client for this booking. I have read and understand the fraud declaration on this time sheet.			
PRINT NAME		SIGNATURE	DATE

CLINICAL/CHARACTER ASSESSMENT	Please Complete: G: Good S: Satisfactory U: Unsatisfactory	Demonstrates clinical competencies	
Maintain legible & accurate records			
Punctual & reliable			
Appearance			

Please email feedback to: consultants@temporarystaffingagency.co.uk	Would you have this temporary worker back?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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CLIENT AUTHORISATION			
I confirm the named candidate on this time sheet has worked the hours stated. I also confirm any expenses entered have been a uthorised. By signing this time sheet, I confirm that onsite induction has been given to the named worker on this time sheet.			
Authorised By	Print Name	Position Held	Date

FRAUD DECLARATION
I declare that the information I have given on this form is correct, complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if 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 NHS body 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. Please make sure all original receipts are posted with your time sheets if travel has been agreed or this will delay payment. This timesheet is specific to this booking. It will be invalid if used for any other local.