24hrscomforthealthcareplus ltd

Nursing Timesheet-fax to +44 11 6319 1550

When completing this form please:

- Only use black ink
- Obtain authorised signatures for all the shifts you have worked
- Complete one timesheet for each week worked
- Make 3 copies of this form and supply one to the hospital, one to 24hrsComfort and retain one for your records.

To ensure prompt payment please fully complete this form. Your time sheet must be returned to 24hrscomfort before 2.30pm to be included in our daily payroll. After completing your shift(s) please return this completed form to:

24hrsComfort, 393 Northdown Road Cliftonville Margate Kent CT9 3PE
info@comfort24hrs.com f: +44 11 6319 1550 t: +44 7795 1612445

Personal Information

First name

Surname

Candidate number

Band

Contract reference,name or Purchase Ordernumber

Hospital

Hospital (continued)

Ward

Time sheet

Day	Date	Start time (24 hours)	Finish time (24 hours)	Hours worked	Breaks taken	Total hours after breaks deducted (hours/minutes)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
				Weekly totals		

To be completed by the agency worker(you)

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 details on this timesheet. I understand that if I knowing 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 time to time 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.

Nurse signature

Date

To be completed by the authorised Trust /hospital signatory

I confirm that I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade 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 of the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

First name

Surname

Position

Authorised signature

Date

Cost centre

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist(with in 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) or 0800 015 1628 (within Scotland).