

TIME SHEET



Severn Angels Healthcare Ltd

Upper Interfields,
Malvern, WR14 1UT
Telephone: 01905 930707

STAFF FULL NAME:

HOSPITAL/CLIENT NAME:

ADDRESS:

Day	Date	Ward Details	Start Time	End Time	Break Time hrs/mins	Booking Ref	Total hrs Worked	Authorised Hospital / Trust signatory	
								Full Name	Signature & Position
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									

Time sheets must be received before 17:30 Monday evening each week and the money will be in your account the following Friday. Time sheets received after Monday 17:30 will be automatically put into the following week's payroll. Please scan and email a clear picture of your timesheet to timesheets@severnangels.co.uk

NHS Fraud & Corruption Line

Any questionable timesheet must be immediately brought to the attention of the local Counter Fraud Specialist or you must report any case of Fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 in England and Wales or 0800015628 in Scotland.

Staff Evaluation (For Client Use)

Please rate as Excellent (E); Good (G); Average (A); Poor (P); Very Poor (VP):

Suitability for Assignment	Competency	Time Keeping	Personal Presentation
Flexibility & Adaptability	Ability to work with others	Communication Skills	Records Management
Organisational Skills			

Authorised Signature:

I can confirm that I have received an Induction and Orientation training at the start of my shift.

To be completed by Authorised Signatory

I am an authorised signatory for my ward/department/NHS/Public Sector body/ Private Sector body. I am signing below to confirm that the Job Title and Band/Grade of Temporary Workers and the hours/shifts 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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS, other Public Sector bodies and Private entities with similar requirements and the Counter Fraud Service (or other similar organisations which operate in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Authorised Signature.....

Authorised Name.....

Position

Date.....

To be completed by the Agency Worker

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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Authority, other Public Sector bodies and Private entities who have similar requirements and the Counter Fraud Services (or other similar organisations which operate in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Worker's Signature.....

Worker's Name.....

Date.....