FOCUSMEDTHEATRES

24 Hour Telephone Contact
01782 366380

Please email timesheets to timesheets@focusmed24.co.uk
TIMESHEET NEEDS TO BE RETURNED BY 10AM MONDAY TO RECEIVE PAYMENT ON FRIDAY

Worker Name	Hospital
Week commencing	Department

Day	Start Time	Finish Time	Breaks	Total Hours	On-call Hours	On-Call Hours Worked	Booking Numbers
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
PLEASE USE 24 HR CLOCK			**TOTALS**				

Please tick appropriate profession

☐ ODP ☐ Registered Nurse ☐ HCA

Please tick whether you are:

☐ PAYE Umbrella ☐ Ltd Company

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 provide false information this may result in formal action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure and 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.

Workers Signature .....

NHS/Authorised Signatory

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the grade of the agency worker and the hour/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in formal action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure and 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. I understand that you will invoice me for this within the next seven days. I also confirm my acceptance of the terms and conditions of business, a copy of which I have received.

Signed ..... Print .....

Position ..... Date .....

Timesheet No
000000

Office use only

Entered on Vendor Portal ☐ Invoiced Date .....

Date ..... Paid Date .....

Recruitment & Employment Confederation