

Weekly Timesheet	Email: payroll@pertempsmedical.co.uk	Timesheet Ref No	Week Ending Date
	Fax: 01442 892540 Timesheets only		,

Il entries must be in black ink and block capitals. No correction fluid must be used on the timesheet. Any timesheet that is incomplete or illegible will result in the form being returned back to you and a delay in the payment. Any corrections or alterations made on the timesheet by the agency
orker must be initialled by the authorised signatory. Before the timesheet is submitted for authorisation, any uncompleted boxes must be crossed through. Time of hours worked should be entered in the twenty-four hour format.

Candidate Name	Client Name	
GMC/GDC No	Location	
Grade / Speciality	Department	
Booking Ref No	Reporting to	

	Date	Start Time	End Time	Total Break Deduction	Standard Hours	On Call Hours	Unsociable Hours	Total Hours	Expenses (Receipts Required	Candidate Declaration	
e.g.	31 / 01 / 2018	09:00	18:00	1:00	8:00	6:00	1:00	15:00	£ 10:00	"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	
Monday	/ /	:	:	:	:	:	:	:		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	
Tuesday	/ /	:	:	:	:	:	:	:		information from this timesheet to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of	
Wednesday	1 1	:	:	:	:	:	:	:	L .	verification of this claim and the investigation, prevention, detection and prosecution of fraud. By signing this timesheet I have accepted the terms	
Thursday	/ /	:	:	:	:	:	:	:	£ :	and conditions of the agency and I also confirm that I have received a suitable client induction prior to commencing the assignment." Please	
Friday	/ /	:	:	:	:	:	:	:	£ :	sign and date below to confirm that the information you hat submitted is correct. Please provide supportive evidence for expenses claimed.	
Saturday	/ /	:	:	:	:	:	:	:	£ :	expenses cialified.	
Sunday	/ /	:	:	:	:	:	:	:	£ :		
			Total	:	:	:	:	:	ç .	Locum Signature  Date	

Placement assessment Please ✓ as appropriate	N/A	Unsatisfactory	Borderline	Satisfactory	Good	Excellent	CI	ient Authorisation		
Clinical Skills in line with needs of position								or for my ward/department/NHS body and I am at both the grade of agency worker and the		
Relationships with patients & staff							hours/shift that I am authorising are accurate and I approve payment. Understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet			
Timekeeping										
Managing workload							to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purposes of verification of this claim and the investigation, detection and prosecution of fraud" Any Questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence to NHS Protect Reporting on 0800 028 4060.			
Reliability										
Communication Skills										
Supervisory Skills										
Organisational ability							Print Name			
Sickness/absence record							Client Signature			
Overall clinical & professional performance							Date			