WEEKLY TIMESHEET

Please email, fax or post: - to arrive by Monday 12PM Midday
Email: payroll@aspecthealthcare.co.uk
Telephone: +44 (0)20 7407 6765
Post: Aspect Healthcare Payroll | 2 London Bridge | London | SE1 9RA

(A photographic copy of this timesheet using a smartphone cannot be accepted.)

Section 1: Please write in BLOCK CAPITALS your first name & surname on the top line, and Client name on the second line, e.g. Hospital Name/Trust

First Name:		Surname:	
Client Name:		Aspect Healthcare Consultant:	

Section 2: Please write your breaks when totalling your hours worked & ensure you use the 24hr clock. Unless "NB" (no break) is written in the break column then breaks will automatically be deducted if not included.
NOTE: TOTAL CLAIMABLE HOURS = HOURS WORKED – BREAKS.

DAY	DATE	START	BREAK	FINISH	TOTAL CLAIMABLE HOURS	BAND	WARD	BOOKING REF	CLIENT SHIFT APPRAISAL	AUTHORISED CLIENT SIGNATURE
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
				TOTAL CLAIMABLE HOURS:					1 = Good 2= Satisfactory 3= Poor	

Agreed Expenses: (Attach separate Expenses Form/Receipts).

Section 3: Please ensure your timesheet is completed and either emailed, faxed or posted to Aspect Healthcare; to arrive before Monday 12PM to ensure payment that week. Failure to do so will result in your payment being delayed.

Candidate Declaration:

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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body (or otherwise) and the NHS CFSMS (or otherwise) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by client.

Name:	Signed:	*Note to the candidate: will you please ensure the authorised signatory makes every effort to see that your shift is appraised using the "Client Shift Appraisal" box provided above.*
Position:	Date:	

Client Authorisation:

I am an authorised signatory for my ward/department/NHS Body or other relevant organisation. I am signing to confirm that the Job Profile Title and Band of Nurse 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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body (or otherwise) and the NHS CFSMS (or otherwise) in England (if applicable) or other relevant organisation for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name:	Signed:	*Note to the client: to ensure we adhere to NHS Framework requirements, will you please ensure you appraise the performance of the agency worker using the "Client Shift Appraisal" box provided above.*
Position:	Date:	

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within 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). (Applicable to the NHS only). I understand and agree to Aspect Healthcare's current Terms of Business.