

TIMESHEET
PLEASE WRITE IN CAPITAL LETTERS AND USE 24-HOUR FORMAT



Please email timesheets weekly to:
info@teathealthcare.co.uk or
 T: 012 0661 5870

First Name:				Last Name:			
Job Title:				Band:			
Hospital/Trust:				Ward/Dept:			

DAY	DATE	START TIME	BREAK TAKEN	FINISH TIME	TOTAL HOURS	BOOKING REFERENCE	AUTHORIZED SIGNATURE
MON							
TUE							
WED							
THUR							
FRI							
SAT							
SUN							

Total Hours:	Total Hours in Words:
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I declare that the information given on this form is correct and complete, I have not claimed it elsewhere for the hours/ shifts declared on this timesheet. I understand that, if I knowingly provide false information this may result in disciplinary action and I will be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by Teat Healthcare for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

<ul style="list-style-type: none"> • To ensure payment every Friday, this Timesheet must be received by 12:00 hours Monday of the following week. • In order for the timesheet to be paid, an authorised signature and name MUST be present in the last column AND BOTTOM OF THE PAGE for the corresponding shifts. Teat Healthcare holds no responsibility if the trust refuses to pay despite the approval. 	<p>TRUST AUTHORISATION: I am an authorised signatory for Teat Healthcare. I am signing to confirm that both the grade of Locum and the hours/shifts that I am authorising are accurate and I approve the 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 Teat Healthcare and the Care Provider in England (for the purpose of verification of this claim and the prosecution, prevention, detection and prosecution of fraud).</p>
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Induction and Orientation Training Completed? Yes No

Assessment	Poor	Satisfactory	Good	Notes
Scientific Knowledge & Clinical Skills				
Professionalism & Conduct				
Communication				
Leadership & Initiative				

Locum's Name: _____ Signature: _____ Date: _____

Authorised Approver's Full Name: (IN BLOCK CAPITALS) _____ Signature: _____ Date: _____