

Each timesheet must have a UNIQUE reference number or it will not be accepted.

Timesheet Ref No: H007542

This must be posted or handed in to; Medical 24 Limited address (above) by 12pm on Monday in order to facilitate payment.

Hospital / Home		Client Code	
Address			
Telephone No		Booking Ref. Number	
Name of Ward		Type of Ward	
Candidate / Nurse Name		Qualification / Post	
Employee No		Week Ending (Sunday)	

Rates may vary from client to client so please check with your Medical 24 Limited contact as to which shift pattern applies before accepting an assignment. Acceptance of an assignment and attendance indicates to Medical 24 Limited acceptance of the rate confirmed.

DAY	PO	DATE e.g. 01/07/15	START e.g. 09.00	FINISH e.g. 16.00	NUMBER OF HOURS	BREAK TIME	HOURS WORKED	GRADE / TYPE	PRINT NAME AUTHORISED BY
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									
Total Hrs									

Total Pay Hours in Words (Excluding Breaks)	
---	--

Feedback / Reference Form (For Client Only)

Poor – 1 Satisfactory – 2 Good – 3 Excellent – 4 Unable to comment – n/a

Type	1	2	3	4	n/a	Comments
Clinical Skills						
Clinical Knowledge						
Organizational Skills						
Management Skills						
Willingness To Learn						
Contribution to the department						
Punctuality						
Reliability						
Self Motivation						

Were there any concerns or issues with the worker?	Yes / No
Would you be happy to have the candidate back?	Yes / No

Induction Completed by Client (only applies to first shift)	Yes / No
---	----------

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

PLEASE SIGN AND RETURN THE **WHITE & PINK COPIES** TO MEDICAL 24 LIMITED
BLUE COPY TO BE KEPT BY THE CANDIDATE
YELLOW COPY TO BE KEPT BY THE CLIENT

Approved Signatory

I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and the hours/days that I am authorising are accurate and I approve payment in accordance with your terms of business. I understand that if I knowingly authorise 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 Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Signed by	Print Name	Date
.....

Candidate Working

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/days 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 the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed by	Print Name	Date
.....

Refer a Friend and Earn up to £250. Terms Apply