

PREMIER CARE NURSING AGENCY

Bexhill, Eastbourne & Uckfield

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email timesheets@premiercare.uk.com

Payroll Office. 33 Station Road. Bexhill. TN40 1RG.

TIME SHEET

No correction fluid should be used on the timesheet. Use only **BLACK** ink and **BLOCK CAPITALS**. Any incomplete timesheets will result in it being returned and a delay in payment. Faxed and/or photocopied Timesheets will not be accepted. Any alterations by the staff member must be initialled by the authorised signatory. Use a separate sheet for each client and ensure it is signed **TWICE**

Establishment/Ward/Unit _____ Town _____

Date	Start Hours 00:00	Finish Hours 00:00	Day	Waking	Sleeping	BH	Breaks		Hours To Invoice	Total Mileage	Booking Ref	Client Signature
				Night			UP	PD				
MON	:	:										
TUES	:	:										
WED	:	:										
THU	:	:										
FRI	:	:										
SAT	:	:										
SUN	:	:										
TOTALS											COPIES: White – Office Pink – Client Yellow - Staff	

Agency Worker Grade: _____ RGN in charge? Name: _____ Signature: _____ Date __/__/__

I declare that the information I have given on this form is correct & complete & 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 & that I may be liable to prosecution & civil recovery proceedings. I consent to the disclosure of information from this form to & by the NHS body & the NHS CFMS for the purpose of verification of this claim & the investigation, prevention, detection & prosecution of fraud.

Your signature confirms our authority to invoice you and acceptance of our Terms of Business.

Authorised by Position: _____ Name: _____ Signature: _____ Date __/__/__

I am an authorised signatory for my establishment/ward/unit. I am signing to confirm that the Job Profile Title & Band of Nurse & the hours/shifts that I am authorising are accurate & I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action & I may be liable to prosecution & civil recovery proceedings. I consent to the disclosure of information from this form to & by the NHS body and the NHS CFMS in England for the purpose of verification of this claim & the investigation, prevention, detection & prosecution of fraud.

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).