



EXTRA HELP WHEN YOU NEED IT

Timesheets to arrive by midday
Wednesday

info@www.oss.care

31 Briscoe Lane, Manchester, England,
M40 1JU

TIME SHEET

Section 1: Please complete all fields in BLOCK CAPITALS

First Name: _____ Surname: _____

Client/Hospitals/Trust: _____

Section 2: (24hr clock) Please ensure your break is deducted from your total worked hours,

Note to candidate: Please can you ensure that you ask the authorising signatory to complete the shift appraisal. Please circle as applicable: 1 = Unsatisfactory 2 = Poor 3 = Satisfactory 4 = Good 5 = Excellent

Day	Date	Start	Break	Finish	Total Hours worked	Band	Unit / Ward	Booking Ref	Client Shift Appraisal	Authorised Client Signature
Monday									1 2 3 4 5	
Tuesday									1 2 3 4 5	
Wednesday									1 2 3 4 5	
Thursday									1 2 3 4 5	
Friday									1 2 3 4 5	
Saturday									1 2 3 4 5	
Sunday									1 2 3 4 5	

Total: _____

Section 3: Please ensure your timesheet is completed fully and signed by an authorised signatory and yourself.

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: _____ Sign: _____

Position: _____ Date: _____

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

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: _____ Sign: _____

Position: _____ Date: _____

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

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 0 28 4060 (within England). (Applicable to the NHS only). I understand and agree to One Stop Support's current Terms of Business