



# TIMESHEET

GP Name:	
Client Name:	

	Date	Start time (24 hours)	Finish time (24 hours)	Breaks	On Call Hours	Total hours worked
Monday	/	:	:	:	:	:
Tuesday	/	:	:	:	:	:
Wednesday	/	:	:	:	:	:
Thursday	/	:	:	:	:	:
Friday	/	:	:	:	:	:
Saturday	/	:	:	:	:	:
Sunday	/	:	:	:	:	:

**AUTHORISED SIGNATURE MUST BE OBTAINED TO ENSURE PAYMENT**

**Incomplete and unsigned timesheets will result in a delay in payment**  
Please use the expenses form for any expenses that you ARE entitled to claim & attach all receipts  
Please send signed timesheet to [gp.timesheets@pcmchambers.co.uk](mailto:gp.timesheets@pcmchambers.co.uk)

**To be completed by the Chambers worker:** 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 details on this timesheet.

Locum Signature:	Date:
------------------	-------

**To be completed by the authorised signatory:** I confirm that I am an authorised signatory. I am signing to confirm that both the Chambers Worker and the hours/shift that I am authorising are accurate and I approve payment.

Forename:	Surname:	Position:
Authorised Signature:		Date:

**Agency Worker 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 the information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I declare that I am fit to work & that I will promptly inform the company if this does or is likely to change. I have received an introduction and orientation by the Client for this assignment, including details of any onsite health & safety requirements and I have access to personal protective equipment. I confirm that I have not worked for this Client via another employment business within the previous twelve calendar weeks and that I am responsible for monitoring my hours of work in relation to the Working Time Regulations. I have read, understood and agree to the Terms of Engagement supplied to me by the company.

**Client declaration:** I am an authorised signatory for my ward/department/company/NHS body. I am signing to confirm that the Job Title and Band (where applicable) of the Agency Worker and the hours/shift 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 CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I acknowledge that the standard terms of business or other terms of business as stated on the Confirmation of Booking have been made available to me and are accepted and that an introduction fee may be chargeable should a transfer of the Agency Worker either to direct/permanent employment or engagement by a third party occur. **NHS fraud & Corruption Line:** Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you must report any case of fraud in confidence to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).

If you have any problems sending this timesheet, please contact us on 020 3950 4726