



please email to: info@askpa.co.uk

ENHANCED ACCESS ☐

Weekly timesheet

Candidate to complete below	Staff authoriser to complete below
Name:	Staff authoriser name:
PAMVR (if applicable):	Authoriser title:
Role:	Email/telephone:
Week commencing:	Trust/practice:
Hospital/practice:	

Please complete in block capitals in black or in type. Please ensure the timesheet is legible and completed without errors. Any errors or changes must be initialled by the staff authorised signatory. Please complete using the 24hr clock. Any variance to the above ay delay payment

	Date	Start time	End time	Breaks (total time taken)	Total hours -minus breaks if applicable	Authorising staff initials
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

PLEASE COMPLETE SECTION BELOW

TOTAL HOURS CLAIMED (excluding breaks)	
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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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body 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. By signing this timesheet, I have accepted the terms and conditions of the agency and I also confirm that I have received a suitable client introduction prior to commencing this assignment. I accept that error or omissions of any section above may delay full payment. Please sign and date below to confirm that the information you have submitted is correct. **Please provide supportive evidence for all expenses claimed.**

Locum signature		Date:
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I am an authorised signatory for my ward/department/NHS body and I am signing below to confirm that both the grade of the agency worker and the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil proceedings. I consent to the disclosure of information from this timesheet to and by the NHS body 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. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence to the NHS Protect Reporting on 0800 028 4060. I confirm that I have given an induction prior to commencing this assignment.

Client staff authoriser signature		Date:
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