

Locum name		Client name	
Job title		Department	
Locum No.		Client No.	
Reporting to		Supervisor	

Please submit one timesheet for each week worked

	Date	Start Time	Finish Time	Hours	Sleep-in		Waking Night Hours	Public Holiday Hours
					Yes	No		
Mon					<input type="checkbox"/>	<input type="checkbox"/>		
Tue					<input type="checkbox"/>	<input type="checkbox"/>		
Wed					<input type="checkbox"/>	<input type="checkbox"/>		
Thu					<input type="checkbox"/>	<input type="checkbox"/>		
Fri					<input type="checkbox"/>	<input type="checkbox"/>		
Sat					<input type="checkbox"/>	<input type="checkbox"/>		
Sun					<input type="checkbox"/>	<input type="checkbox"/>		

Standard Weekly Hours	
Number of Sleep-ins	
Total Number of Waking Night Hours	
Total Number of Public Holiday Hours	
Total Hours	

Strictly Accounts Use Only

Standard Hours Value	£
Sleep-in Value	£
Waking Nights Value	£
Bank Holiday Hour Value	£
Total Invoice Value	£

Declaration

- I confirm that the information I have given on this form is complete and correct and I have not claimed elsewhere for the hours/shift 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 form to 3rd parties and by public sector bodies for the purposes of verification of this claim and the investigation, prevention, detection and prosecuting of fraud.

Authorisation

- I am an authorised signatory for the Client stated above in compliance with internal processes and procedures. I am signing to confirm that both the grade and hours of the temporary worker stated above is accurate and that I approve payment.
- 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 form to 3rd parties and by the public sector bodies for the purposes of verification of this claim and the investigation, prevention, detection and prosecuting of fraud.

I (as the locum) confirm I have read, understood and agreed to your terms and conditions (please tick to confirm)

Locum signature		Print name		Date	
Authorised signature		Print name		Date	
Position				Order No. (if known)	

Our terms of engagement you or your company signed apply to this booking. Any locum taken on a full-time/locum or bank basis, or wishing to change agencies will be subject to the notice period as set out in those terms.

Fraud – any questionable timesheet must be immediately brought to the attention of Total Assist Compliance; in confidence, at: 01708 388 033 or compliance@totalassist.co.uk.

NOTE: To avoid delay with your payment, please ensure that all hours worked are authorised and the timesheet reaches us no later than Monday 10.00 am via fax: 020 8252 7879 or by post: Total Assist Care, Blackburn House, 22-26 Eastern Road, Romford, RM1 3PJ