



Tel: 01625 322 252

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Email: payroll@routeshealthcare.com

<b>Field Staff Name</b> :	
<b>Job Title / Grade</b> :	
<b>Client</b> :	
<b>Location Name</b> :	

<b>TIMESHEET</b>
NUMBER

Booking Reference	Day	Date	Duty Start	Duty Finish	Hours Worked	Less Breaks	Hours Payable	ON-CALL SHIFTS ONLY				
								Start	Finish	Payable On-Call	Payable Worked	
	Mon											
	Tue											
	Wed											
	Thu											
	Fri											
	Sat											
	Sun											
							<b>TOTAL :</b>					
								<b>TOTAL :</b>				

Please complete all relevant fields using a black ballpoint pen.

**IMPORTANT NOTE FOR CLIENT**

Authorisation of this form constitutes confirmation that the total hours shown in the 'TOTAL' box(es) are payable to the Temporary Worker and chargeable to the Client. Direct engagement of a Temporary Worker involves the payment of an introduction fee to Routes Healthcare. Full Terms & Conditions available on request.

**COUNTER FRAUD DECLARATION BY CLIENT**

I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band of 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 other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**AUTHORISATION BY CLIENT**

<b>Name</b> (BLOCK CAPITALS) :	<b>Position</b> :
<b>Signed</b> :	<b>Date</b> :

**COUNTER FRAUD DECLARATION BY AGENCY 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 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 Authority, other Public Sector body and Private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**AUTHORISATION BY TEMPORARY WORKER**

<b>Signed</b> :	<b>Date</b> :
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**QUALITY ASSURANCE**

To be completed by Authorising Officer

Did Temp Worker arrive on time?	YES	NO
Appropriate ID?	YES	NO
Suitable uniform?	YES	NO
Handover received & understood?	YES	NO
Satisfactory skills for shift?	YES	NO
Any issues should be reported via your Central Bank & Rostering team, or directly to Routes Healthcare		

White (top) copy : Routes Healthcare  
 Yellow (middle) copy : Field Staff  
 Blue (bottom) copy : Client

Company registered in England and Wales number: 6862372