

Nurse – Time Sheet



Section 1 – Please print details in block capitals

Please Fax on completion to 01582 647 906

First Name																				
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Surname																				
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Client																				
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Section 2 - To be completed by the Nurse

Please note that we can only accept one timesheet per week for each organisation that you work at. We advise that you have your timesheet completed on your last working day of the week (MONDAY to SUNDAY).

	Date	Start Time	Finish Time	BREAK Start Time	BREAK Finish Time	Total Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Totals						

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 this disclosure of information from this form to and by any Medical Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Section 3 - To be completed by the Client – Senior Member of Staff Authorised only

I am an authorised signatory of the above named client. 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 the information from this form and by any Medical Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to [Medical Staffing's Terms of Business](#) – A standard introductory fee will be charged if the Nurse is taken on full time or allowed to change agencies.

Authorising Signatory Name _____ Signed _____

Position _____ Date _____

Fax: 01582 647 906 | E-mail: nursetimesheets@medicalstaffing.co.uk

Post to: Medical Staffing Limited, Jansel House, Hitchin Road, Luton, LU2 7XH

TIMESHEET DEADLINE – Monday 9am