

Booking No:



OFFICE USE ONLY  
Week No:

**AGENCY TIMESHEET**  
**FAX NO: 020 8877 9281**

Please complete your timesheet and return by fax or email to **reach us promptly on Friday**. Failure to do so will result in a delay in your wages. Please advise the Agency of any changes to advanced bookings. Any timesheet which is incomplete or illegible will result in the form being returned to you and a delay in payment. All entries must be made in black ink and block capitals.

Name..... JRRR Ref.....

Hospital .....

Department .....

Job title and band (if applicable) .....

**Enter details of time worked. Please use 24 hour clock**

						NIGHTS / ON CALL ONLY			
DAY	DATE	START TIME	FINISH TIME	Length of meal break	Hours worked	Working in the dept/ Calls		On Call	
						Start	Finish	Start	Finish
MON									
TUES									
WED									
THUR									
FRI									
<b>TOTAL WEEKDAY HOURS</b>									
SAT									
SUN									
MON									
<b>TOTAL WEEKEND HOURS</b>									

The undersigned agree that these are the hours worked and agree payment according to all Terms and Conditions applicable.

Signed by Agency Radiographer..... Date.....

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 NHS body (or private company) and the NHS CFSMS (if applicable) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Authorised Signatory..... Print Name.....

Position of Authorised Signatory (please print)..... Date.....

I am an authorised signatory for my ward/department/NHS body/private company. I am signing to confirm that the job 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 body (or private company) and the NHS CFSMS (if applicable) in the UK for the purpose of verification of this claim and the investigation, prevention, 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 Fraud and Corruption Reporting Line on 0800 028 4060. NHS timesheets only.**