

**Timesheet:** Fax 01908 764347 or [timesheets@interactmedical.co.uk](mailto:timesheets@interactmedical.co.uk)

<b>LOCUM DETAILS</b>	
First Name:	GMC/GDC Number:
Last Name:	Week Ending Date:
Hospital:	Ref Number:
Grade & Specialty:	

	Date	STANDARD HOURS		ON-CALL HOURS		BREAKS		Total Hours (breaks deducted) "Forty Hours and fifteen minutes"
		Start Time (24 hours)	End Time (24 hours)	Start Time (24 hours)	End Time (24 hours)	Breaks (minutes)	No Breaks (approved signature)	
Mon								
Tues								
Weds								
Thurs								
Fri								
Sat								
Sun								
				<b>TOTALS</b>				

**Locum/Agency Worker Signature:**  
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 and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud  
Locum:- I confirm that I have worked/provided the services for the period as recorded above:

**Authorised Signature**

Date .....

**Trust/Hospital Signature:**  
I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade 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 and the NHS CFSMS in England (or NHS CFS in Scotland) 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 (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 162+8 (within Scotland). Counter fraud declaration to be signed, with printed name and position of the Authorised Signatory, and dated by the Authorised Signatory of the Authority (and cost centre stamp if required by the Authority).

**Authorised Signature**

Full Name .....

Position .....

Date .....



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