

Agency Worker & Locum Booking Information



Locum Timesheet

	Worker Name							
(First Name & Surname)								
	Locum Position							
	(Grade or Band & Specialty)							
Client/	Hospital Name							
Week I	nding Date							
(Sunday	/)							
For Co	mpletion by the	e Agency Worke	r					
Shift	Shift Date	Standard Shift	Standard Shift	Break	On Call	On Call	Total Hours	
Day		Start Time	End Time	Start - End Time	Start Time	Finish Time	Worked	
Mon								
Tue								
Wed				.				
Thurs								
Fri								
Sat								
Sun						<u> </u>		
I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for shifts/hours details 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. I have attended an NHS induction and orientation training and hold a valid Global Medics/Doctors on Call ID badge.					TOTAL HOURS WORKED			
Agency Worker Signature:								

Forward your signed & authorised timesheet to timesheets@globalmedics.com or fax 0845 2806220 / 020 8566 4222 by 12.00 noon every Tuesday, any timesheet received after will not be included in that week's payroll. A SMS will be sent to you to advise your timesheet has been processed by close of business each Tuesday.

For Completion by the Authorised	Trust/Hospital/Client Signati	ory						
I am an authorised signatory for my department/ward/NHS body. I am signing to confirm that both the grade of the 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 or you may report in confidence to the NHS								
Fraud & Corruption Reporting Line on 0800 028 4060.								
Authorised Name (Print)	Authorised Position	Authorised Signature	Date					
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