MLG Healthcare

HEALTHTRUST EUROPE

Medical-Locums Group
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Clinical and Healthcare Staffing Approved Supplier

NHS Workforce Alliance
Collaborating for a Sustainable Workforce

Timesheet

When completing this Timesheet please:

> Only use black ink.

> Complete one timesheet for each ward worked.

> Obtain authorised signatures for all the shifts you have worked

> Please send to timesheets@mlg-healthcare.com / 01908 483 989

1. Personal Information

Name:

Band/Speciality:

Professional Registration Number:

Department/Ward:

Hospital/Trust:

2. Timesheet

Day	Date	Start Time	Break Hrs/Mins	Finish Time	Total Hrs Exc. Breaks	Travel Milage/Ticket Price	Cost
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
			Total Hours			Total Cost	

To be completed by the agency worker (you):

I declare that the information I have given on this form is correct and that I have not claimed elsewhere for the hours/shifts details on this timesheet. I understand that if I knowingly provide flase 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 time to time to and by the NHS body and the NHS CFSMS for the purpose of verification of its claim and the investigation, prevention, detection and prosecution of fraud.

Nurse Signature:

Date:

Please confirm that the above candidate undertook an induction orientation at this assignment.   Yes ☐   No ☐

Please confirm that the above candidate was present with a valid ID badge at their assignment.   Yes ☐   No ☐

To be completed by the authorised Trust/Hospital signator:

I confirm that 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 time to time to and by the NHS body and the NHS CFSMS for the purpose of verification of its claim and the investigation, prevention, detection and prosecution of fraud.

First Name:

Surname:

Position:

Authorised Signature:

Date:

It is important that you submit your timesheet to MLG Healthcare within 30 days of working your shift to avoid any disruptions to payroll.