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J.R CARE LTD

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**TIME SHEET**

# Name:...................................................................................................................................................

Qualification:............................................................................................................................

Hospital/Home:........................................................................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | Start Time | Finish Time | Break Time | Total Hrs | Mileage | Authorised by |
| Monday....../....../.......... |  |  |  |  |  |  |
| Tuesday....../....../.......... |  |  |  |  |  |  |
| Wednesday....../....../.......... |  |  |  |  |  |  |
| Thursday....../....../.......... |  |  |  |  |  |  |
| Friday....../....../.......... |  |  |  |  |  |  |
| Saturday....../....../.......... |  |  |  |  |  |  |
| Sunday....../....../.......... |  |  |  |  |  |  |

I am authorised signatory for my ward / department/ NHS body. I am signing to confirm the job title and band of Agency workes and the hours / shift that I am authorising are accurate and I approve payment. I understand that if I knowingly povide 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 CPSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Authorised by:......................................Print Name.................................................................

Position Held...........................................................................Date:......................................

I declare that the information that I have given on this correct and complete and that I have claimed elsewhere for the hours/shift 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 CPSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Agency Worker Signature.................................................Print Name:.............................

Any questionable time sheet must be immediately brought to the attention for the Local Counter Fraud specialist (within England) or you may report any case of fraud in confidence to NHS fraud and corruption reporting Line on 0800 028 4060 (within England) We Quality care Ltd: Please sign and return the while copy to We Quality care Ltd and Recruiter’s on the adress above. The pink copy must be retained by the house. The Yellow copy should be retained by the cilent.