

Name and Surname.....

Week Ending.....

Clients Address:

Day	Date	Start Time	End Time	Break	Department Name	Booking reference No.	Total Hours	Authorised by
MON								
TUES								
WEDS								
THURS								
FRI								
SAT								
SUN								

Please ✓ as appropriate, providing additional comments in support of the statements made End of Placement Comment	Total hours					
	N/A	Poor	Satisfactor y	Good	Very Good	Excel lent
Clinical skills demonstrated in line with the requirements of the position						
Relationships with patients, other healthcare workers and the public						
Timekeeping and management of workload						
Patient and other records management						
Reliability						
Communication skills						
Supervisory skills (if applicable)						
Organisational ability						
Sickness/absence record						
Additional comments in support of the statements made						

The below counter fraud declaration, signed and dated by the Temporary Worker: The below statement, to provide details of the NHS Counter Fraud Authority: "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 / Crimestoppers Fraud and Corruption Reporting Line - on 0800 028 4060".

For completion by the authorised ward/department signatory

I am the authorised signatory for my ward/department. I am signing below to confirm that both the band and the staff that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action.

Authorised By: **Print Name:**

Position Held: **Date:**

Agency worker signature..... **Date**.....

All timesheets must be emailed on Monday before 10:00am. Incomplete timesheets will result in delayed payment. Please use separate timesheets for different clients and remember to make a copy of the timesheet for a client.