

# TIMESHEET COMPLETION – BEST PRACTICE

Bank members should have their timesheet with them for all worked shifts to be signed by an authorised signatory for the Ward or Department.

The authorised signatory should sign to confirm the hours worked by the bank member at the end of each shift.

The authorised signatory should send the top copy to the Staff Bank

All entries must be made in black ink and no correction fluid must be used on the timesheet. Any corrections or alterations must be initialled by the authorised signatory.

Before the timesheet is submitted for payment any uncompleted boxes must be crossed through.

Faxed and photocopied timesheets will not be accepted by the Staff Bank.

Completed timesheets should be retained by the Staff Bank for two years. If the timesheet has been scanned the original does not need to be stored.

Under Article 4 of the European Working Time Directive, where the working day is longer than six hours, every worker is entitled to a rest break and the total break time should be deducted from the total shift time and recorded in the less total break time column on each submitted form.

**ANY TIMESHEET WHICH IS INCOMPLETE OR ILLEGIBLE WILL RESULT IN THE FORM BEING RETURNED TO YOU AND A DELAY IN PAYMENT**

## FOR COMPLETION BY STAFF BANK ONLY

Date received	Date processed	Processing officer
<input type="checkbox"/>	<input type="checkbox"/>	Print Name <input type="checkbox"/>
		Signature <input type="checkbox"/>

# TIMESHEET

FOR COMPLETION BY BANK MEMBER

Please complete one timesheet for each ward worked using black pen and block capitals as per example.

Forename(s):

Surname:

Payroll number:

If you hold a substantive post in a NHS organisation please state your contracted hours

Trust:

Hospital/Location:

Ward/Department:

Booking reference	Shift date	Shift start time (24 hours)	Shift end time (24 hours)	Less total break time (hours:minutes)	Total hours worked (hours:minutes)
9900123	10/06/04	0900	1830	0120	0810
<i>Example</i>		Total hours worked in long hand	EIGHT HOURS AND TEN MINUTES		
/ /	:	Total hours worked in long hand	:	:	:
/ /	:	Total hours worked in long hand	:	:	:
/ /	:	Total hours worked in long hand	:	:	:
/ /	:	Total hours worked in long hand	:	:	:
/ /	:	Total hours worked in long hand	:	:	:
/ /	:	Total hours worked in long hand	:	:	:
/ /	:	Total hours worked in long hand	:	:	:
/ /	:	Total hours worked in long hand	:	:	:

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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Total hours



Send to:

For payroll queries call:

Copies: GREEN/Staff Bank - WHITE/Bank Member - BLUE/Ward/Department  
It is recommended best financial practice for the Authorisor to send the Green Copy to Staff Bank

FOR COMPLETION BY THE AUTHORISED WARD/DEPARTMENT SIGNATORY

I am an authorised signatory for my ward/department. I am signing below to confirm that both the grade and the shift 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 and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Grade Worked	Initial (s) and surname of Authoriser:
A	J SMITH
<i>Jane Smith</i>	
	10/06/04
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Additional Trust authorisation (optional according to Trust authorisation policy)	
Authorised Signature	Date / /

Bank Member Signature:

Date:

Any questionable timesheet must be immediately brought to the attention of your Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 08702 400 100.