

Cambridge Fullah Life Care Agency Ltd*Passionate about quality*Website: www.cambridgefullahlifecare.co.ukEmail: info@cambridgefullahlifecare.co.ukTel: **07881591132** or Tel: **07365949795** or Tel: **07537923380**

Time Sheet

This Time sheet must be sent or posted or handed to **40 Otter Close, Bar Hill, Cambridge, CB23 8EA** or to **5 Kingfisher House, London, SE15 5LG**. Please allow the time sheet to arrive by **12:00pm** on Monday or any other working day to facilitate prompt payment. **The Time sheet can also be uploaded at our website above.**
<https://www.cambridgefullahlifecare.co.uk/employment>

Name:.....Qualification/Grade/Post

Name of Ward or Area or Dept:.....

Client/Hospital/Home:.....

Client/Hospital/Home: Tel:email:.....

Client/Hospital/Home address:

Month:.....**Year: 20.....**

Day	Date e.g. 14/08	Start Time e.g. 08:00	Finish Time e.g. 20:00	No. Hrs worked	Break Start	Break Finish	Total Break Time	Total Time Worked	Grade Type	Authorised By *
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
Total Hrs										

Total hours worked in words:

Mileage:

***Authorised by**.....

* I am an authorised Signatory for my ward/department/NHS/Home body. I am signing to confirm the Job Profile, Title and Band 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 this form to and by the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Authorised by (signature): **Print Name:**.....**Position Held:**..... **Date:**.....

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 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 for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Agency Worker Signature:..... **Print Name:**.....**Date:**

Any questionable timesheet must be immediately brought to the attention of Local Counter Fraud Specialist (within England) or you may report any case of fraud in confidence to the NHS Fraud and Corruption Reporting line on 0800 028 4060 (England)

Cambridge Fullah Life Care Agency Ltd: Please sign and return the **white copy** to **Cambridge Fullah Life Care Agency Ltd** at the address above. The **blue copy** should be retained by the nurse/authorising person. The **yellow copy** should be retained by the client. Where there is no **white copy** or **blue copy** or **yellow copy** available and there is only one copy, then you should make three (3) photocopies of this timesheet after it has been completed. One copy should be retained by the nurse/authorising person, one copy is return to **Cambridge Fullah Life Care Agency Ltd** as indicated above and the other copy should be retained by the client or home or hospital.