### Agency Worker Timesheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Lunch</th>
<th>Standard Hours (A)</th>
<th>Overtime Hours (B)</th>
<th>Holiday Paid</th>
<th>Holiday Unpaid</th>
<th>Sickness</th>
<th>Other Leave</th>
<th>Expenses</th>
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**Totals**

**£**

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**Workers Declaration:**

- **[a]** The hours claimed are correct.
- **[b]** (NHS Workers) I have read, understood and agreed to statement 01 overleaf.

**Signed**

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**Client Authority/Declaration:**

- **[a]** The hours shown are correct and the work has been completed in a satisfactory manner.
- **[b]** (NHS Clients) I have read, understood and agreed, in full, to statement 02 overleaf

**Total Hours Authorised A+B**

**Signed**

**Print Name**

**Client Contact Tel No**

**Dated**

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**IMPORTANT:** A wage will be calculated and paid on the basis of the hours authorised, please ensure that the stated hours are correct. Should you have any queries or concerns please contact TABS 01642 671811

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**TABS Recruitment, Christine House, Sorbonne Close, Teesdale Park, Stockton-on-Tees, TS17 6DA**

Tel: 01642 671811
Fax: 01642 671822
www.tabsrecruitment.co.uk

Quality Form Ref 13  Issue No. 06  Date 01.01.2010
PLEASE READ DECLARATIONS CAREFULLY BEFORE SIGNING TIMESHEET

FOR NHS ASSIGNMENTS ONLY

AGENCY WORKER DECLARATION (01)

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 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 criminal prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the client/customer and the NHS Fraud & Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

AUTHORISED SIGNATORY DECLARATION (02)

I am an authorised signatory for this customer. I am signing overleaf to confirm that both the pay point and hours/days 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 to criminal prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the client/customer and the NHS Fraud Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

IMPORTANT NOTE

You may report any case of fraud, in confidence, to:

NHS Fraud and Corruption Reporting Line :- 0800 028 4060

Any questionable timesheet must be immediately brought to the attention of the local Counter Fraud Specialist or to the reporting line.

FOR ALL ASSIGNMENTS

Agency Workers must NOT authorise timesheets relating to themselves or any other TABS staff.

Timesheets must be completed legibly and in full, failure to complete timesheet correctly may result in delays/errors in payment.

The client authority, signing this timesheet MUST ensure the accuracy of the hours claimed as this document will form the basis of both workers pay and client invoice.

TABS Recruitment reserves the right to reclaim in full any payment made in respect of incorrect or fraudulent claim.

IF YOU HAVE ANY QUERIES REGARDING THIS FORM OR THE HOURS DECLARED PLEASE CALL TABS 01642 671811

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