

Timesheet



All boxes in the area must be completed for this timesheet to be valid. Please ensure timesheets are sent on a weekly basis. Please consult www.maxximagroup.com/timesheets for advice on submission deadlines.

Full name	Trevor Townsend
Grade & specialism	Band 8A
Organisation	Brighton and Eastbourne Hospital
Department	Vascular Lab
Booking reference	none

Labmed temporary workers only:

Agenda for Change (AfC) job profile	Vascular Scientist
AfC banding	Band 8A
Spinal point	

Day	Date	Start time	Finish time	Length of meal break	Hours worked
Monday	7-10-2019	8:00	16:00	30 mins	7.5000
Tuesday	8-10-2019	8:00	16:00	30 mins	7.5000
Wednesday	9-10-2019	8:00	16:00	30 mins	7.5000
Thursday	10-10-2019	8:00	16:00	30 mins	7.5000
Friday	11-10-2019	--:--	--:--	00 mins	0
Saturday	12-10-2019	--:--	--:--	00 mins	0
Sunday	13-10-2019	--:--	--:--	00 mins	0
TOTAL					30.0000

Candidate declaration

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 also confirm that I have been given an induction on the first day of my placement and have received a valid ID badge prior to the beginning of my assignment. 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 for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Trevor Townsend

Signature _____ Name _____

Client confirmation

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that that Job Profile Title and Band of Locum Doctor 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.

Signature _____ Print full name _____

Position _____ Date _____

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 Fraud and Corruption Line on 0800 028 4060 (within England).

Once signed, please scan and email to timesheets@maxximagroup.com or fax to 020 7526 2186. Should you wish to confirm receipt, please email timesheets@maxximagroup.com

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