

# TIMESHEET

Email to - [accounts@dentalrecruitnetwork.co.uk](mailto:accounts@dentalrecruitnetwork.co.uk)

Fax to - 0845 459 6150



Full Name.....

Tel: 020 7193 8002

Band..... Speciality.....

Emergency tel: 07789 910 293

Practice/Hospital/Trust.....

Day	Date	Start Time	Finish Time	Break Time	Total Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Worker Signature.....

Date.....

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for details on this timesheet. I understand that if I provide false information this may result in disciplinary action, prosecution, or civil recovery proceedings. I consent to the disclosure of information from time to time 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.

## Authorised by:

Signature.....

Position.....

Print Name.....

I confirm that I am an authorised signatory for my practice/ward/department/NHS body. I am signing to confirm that both the 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 of the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.