

TEMPORARY STAFF TIME SHEET

BANK STAFF DETAILS (PLEASE PRINT)

SURNAME FORENAME PAYBAND MONTH.....

PAYROLL NUMBER..... SIGNATURE OF BANK STAFF JOB TITLE

Day Date	Booking Number	On Duty 24hrs	Off Duty 24hrs	Break Time Deducted from total	Total hours Claimed (Figures)	Total Hours (in words)	Ward or Dept	Signature of Authorised Signatory/Person in Charge	Print Name of Authorised Signatory/Person in Charge	Date signed	I have concerns re the conduct / performance of this individual	Local Dept Induction Completed Y/N
Monday											banknurse@sath.nhs.uk If you have concerns relating to the Bank Staff's conduct/performance you are accountable for emailing the Temporary Staffing Department	
Tuesday												
Wednesday												
Thursday												
											To the Authorising Signatory/Person in Charge	
Friday												
Saturday												
Sunday												

DECLARATION FOR STAFF

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.

DECLARATION FOR AUTHORISED SIGNATORY

I am an authorised signatory for my ward / department. I am signing to confirm that both the pay band and the staff 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.

Any questionable timesheet must be immediately brought to the attention of your Local Counter Fraud Specialist or you may report any cases of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on **0800 028 4060**

ANY TIMESHEETS THAT ARE NOT COMPLETED CORRECTLY WILL BE RETURNED AND WILL BE UNPAID. PLEASE ENSURE THAT ALL FIELDS ARE COMPLETED AND IT IS CLEAR WHY THE TIMESHEET HAS BEEN COMPLETED e.g IF THE TIMESHEET IS FOR TRAINING, YOU HAVE STATED WHAT TRAINING YOU ATTENDED. THANK YOU TEMPORARY STAFFING DEPARTMENT 01952 282805

TIME SHEETS MUST BE SUBMITTED ON A WEEKLY BASIS AND NOT KEPT TILL THE END OF THE MONTH.

INSTRUCTIONS FOR COMPLETION OF TIME SHEETS

PLEASE COMPLETE ALL DETAILS:

- **Full Name** - Enter full Name with Forename.
- **Band** - Enter Band for this post and on which payments will be based.
- **NOTE: This may be different from your substantive Post Band.**
- **Payroll Number** – Found on your payslip.
- **Booking Number** – All shifts must have a booking number to ensure payments of the shift.
- **Hours Worked** – Enter hours worked for each day as indicated, in figures and long hand.
- **Total Hours Paid / Break Time** – Those staff working more that 6 hours are entitled to an unpaid 30 minute break, this must be shown in the Break Time column. If this column is left blank we will deduct 30 minutes unless stated no break was taken.
- **Ward or Department** - Bank staff must have their time sheets signed by an Authorised Signatory/Person in Charge for the Ward or Dept at the end of every shift.
- **Employees Signature** - Must be signed by the employee to certify the hours recorded are those worked (Refer to Declaration).

No correction fluid must be used on the timesheet, any corrections or alterations must be initialled by the authorised signatory/Person in Charge

Faxed timesheets must be followed up with original timesheets.

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

ANY TIMESHEET THAT DOES NOT MEET THE ABOVE CRITERIA WILL RESULT IN THE FORM BEING RETURNED, YOU WILL NEED TO SUBMIT AGAIN. IF YOUR TIME SHEET IS RETURNED NONE OF THE SHIFTS ON IT WILL BE PAID.

Please ensure that a new time sheet is started on the 1st of each month.

Availability

Please state your availability to the bank if possible for Early, Late, Long Day or Night and TICK appropriately.

MONTH

NAME

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
EARLY																															
LATE																															
LONG DAY																															
NIGHT																															

Contact details:

Temporary Staffing Department
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Shrewsbury
SY2 6LG
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