

# ON-CALL TIMESHEET version 1.1 (front page)

<b>Name (BLOCK CAPITALS):</b>	<b>Surname:</b>	<b>First Name:</b>	<b>Individual Declaration:</b>
<b>Assignment Number (please refer to your pay slip):</b>	<b>Post Held:</b>	<small>I declare that the information I have given on this form is correct 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 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.</small>	
<b>Site:</b>	<b>Ward/Dept.:</b>		
<b>Pay Band for work done when called out (please complete/delete):</b>	Employee's normal Pay Band OR Pay Band: _____	<b>Pay point for work done when called out (please complete/delete):</b>	Employee's normal Pay Point OR Pay Point: _____

Type of Availability (On-Call, Standby, Resident)	Availability Period					Work Done			Travel Time Total HH:MM	Brief Description of work	Signature of member of staff reflecting agreement with above declaration	Date
	Start		End		Total	Start		End				
	Date	Time (HH:MM)	Date	Time (HH:MM)	HH:MM	Time (HH:MM)	Time (HH:MM)	HH:MM				
					Total:		Total:		Total:			

**Manager's Declaration:**  
 I am an authorised signatory for my ward/department. I am signing below to confirm that to the best of my knowledge both the availability period and the call outs 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 and prosecution of fraud. I understand that any questionable timesheet must be immediately brought to the attention of my Local Counter Fraud Specialist or I may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60

<b>Date:</b>		<b>Print Name:</b>		<b>Signature:</b>	
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Individual Declaration:

I declare that the information I have given on this form is correct 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 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.

Type of Availability (On-Call, Standby, Resident)	Availability Period					Work Done			Travel Time Total HH:MM	Brief Description of work	Signature of member of staff reflecting agreement with above declaration	Date
	Start		End		Total	Start	End	Total				
	Date	Time (HH:MM)	Date	Time (HH:MM)	HH:MM	Time (HH:MM)	Time (HH:MM)	HH:MM				
					Total:		Total:		Total:			

- Notes:**
- 1. Staff must ensure that each episode of on call availability and each call out are detailed on their timesheet and signed by the authorised signatory for the Ward or Department as soon as possible after the on-call period.
  - 2. The authorised signatory should sign to confirm the hours worked by the staff member at the end of each availability period.
  - 3. The authorised signatory should send the timesheet to Payroll and retain a copy for their files.
  - 4. All entries must be made in black ink and no correction fluid must be used on the timesheet. Any corrections or alterations must be initialled by the authorised signatory.
  - 5. Before the timesheet is submitted for payment any uncompleted boxes must be crossed through.
  - 6. Faxed and photocopied timesheets will not be accepted by the Trust.
  - 7. Completed timesheets should be retained by the Trust for two years. If the timesheet has been scanned the original does not need to be stored.
  - 8. The total amount of working time will be added to the total amount of travel time when calculating the payment due.
  - 9. The total amount of working time must be used to calculate whether any compensatory rest is due.

**PLEASE PRINT BOTH SIDES OF THE TIMESHEET ON ONE PIECE OF PAPER (FRONT AND BACK)**  
**ANY TIMESHEET WHICH IS INCOMPLETE OR ILLEGIBLE WILL RESULT IN THE FORM BEING RETURNED TO YOU AND A DELAY IN PAYMENT**