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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Band/Grade: |  |   |  |   |
| Name of company , Trust or Hospital | Ward/Department | Staff Name | Job Title |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | DateDD/MM/YY | Start Time | FinishTime | Break | HoursWorked | Booking Reference number | AuthorisedSignature |
| Monday |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |
| Total Hours Worked |  |  |

**To be completed by Head of Department/Authorised Signatory To be completed by Agency Worker**

**TO BE READ BY ALL CLIENTS:**

I am an authorised signatory for my ward/department/NHS body. I am signing to **TO BE READ BY ALL CANDIDATES:**

confirm that both the grade of Agency Worker and the hours/shift that I am authorising I declare that the information I have given on this form is correct

are accurate and I approve payment. I understand that if I knowingly provide false and complete and that I have not claimed elsewhere for the hours/shifts

information this may result in disciplinary action and I may be liable to prosecution detailed on this timesheet. I understand that if I knowingly provide

and civil recovery proceedings. I consent to the disclosure of information from this false information this may result in disciplinary action and I may be

form to and by the NHS body and NHS Protect (NHS CFSMS) in England (or NHS liable to prosecution and civil recovery proceedings.

Print Name............................................................................... Print name..................................................................

Position..................................................................................... Signature...................................................................

Signature...................................................................................................................... Date..............................................................................................................