NURSING AND HCA WEEKLY TIMESHEET

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RECRUITMENT AT ITS BEST
LYRIQ HEALTHCARE

Cut off for sending Timesheets is Monday by 12pm. Please use black ink and ensure all necessary sections are completed. Failure to do so may lead to delay in payment. Please complete in BLOCK CAPITALS and in black ink.

FULL NAME:	JOB TITLE:
HOSPITAL/TRUST/CLIENT:	WARD:
NMC PIN:	WEEK ENDING DATE:
BOOKING REFERENCE:	

DATE	START TIME	END TIME	BREAK TIME	TOTAL HOURS	**CLIENT INITIALS**
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
WEEKLY TOTALS	(EXCLUDING BREAKS)				

AGENCY WORKER SIGNATURE:	DATE:
HOSPITAL/ TRUST/CLIENT SIGNATURE:	DATE:

I declare that information that is 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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Authority, other Public Sector body and Private entities who have a similar requirement and the Courier Fraud Services. (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.