

Timesheet – To be completed by agency worker only

E-Fax this completed form to 01482 420054

When completing this form please: Only use black ink. Obtain authorised signatures for all the shifts you have worked. Complete one timesheet for each week worked where at the same client and location. If the hospital deducts breaks and breaks are worked, this must be signed off by an authorised signatory on each line.

Please fully complete this form and return a copy to NLG Health (e-fax: 01482 420054 / email: timesheets@nlgroup.co.uk).

Agency Wor	ker Details										l	. —
First name						Last na	me					
Job title					Band			Time	esheet no			
Hospital								War	d/Dept			
##	Date	Shift start	time :	Shift end time	e Breal	start time	Break end time	Break	total 1	otal hours	Shift app	roval
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Any timesheet under question or suspicion must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland).