



Please ensure your timesheet is submitted via email or post by Monday 10am

Email: timesheets@ascendmedicalrec.co.uk
 Telephone queries (9am-5pm): 0121 726 2558
 Post: 1.8, 111 Hagley rd., Birmingham, B16 8LB

First name Surname

Job title Client name

Client feedback: The authorising signatory must complete. Circle as appropriate: 1= Poor, 5= Outstanding									CLIENT USE ONLY	
Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Grade	Ward/unit	Booking reference #	Candidate rating	Client initials
Mon									1 2 3 4 5	
Tue									1 2 3 4 5	
Wed									1 2 3 4 5	
Thu									1 2 3 4 5	
Fri									1 2 3 4 5	
Sat									1 2 3 4 5	
Sun									1 2 3 4 5	
Total payable hours (excluding breaks)										

<p>Candidate declaration: 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 to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by Ascend Medical Recruitment, the Authority, other Public Sector body and Private entities who have a similar requirement and the Counter 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. I can confirm that I have received an appropriate induction including fire safety.</p>	<p>Client Authoriser: I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers and the hours/shift that I am authorising are accurate and I approve payment. 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 Ascend Medical Recruitment, the NHS, other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I can confirm that the worker has received an appropriate induction required to work here including fire safety.</p>
Date:	Date:
Job title:	Job title:
Print name:	Print name:
Candidate signature:	Client authoriser signature:

Timesheet instructions

To avoid delays in payment, please ensure that:

1. All required fields within the timesheet are completed
2. The timesheet is signed and dated by both yourself and the client
3. The timesheet is submitted no later than 10am Monday
4. The timesheet is clear and legible
5. The correct day and date is entered. Do not use another day if you work past midnight
6. All breaks are stated on the timesheet