

# Welcome to your Timesheet



Candidate Name:.....

Week Ending:.....

Candidate signature:.....

Reference number:.....

Candidate Band:.....

Trust/Organisation:.....

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the shift 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 the CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Further, I agree to the company's terms and conditions and agree to abide by them at all times.

	DATE	START	FINISH	BREAK	HOURS	WARD/ DEPT	BOOKING REFERENCE	AUTHORISED BY
MON								
TUES								
WED								
THUR								
FRI								
SAT								
							TOTAL HOURS:	

In signing the below I, the Client, have read and accepted the terms and conditions provided by High Impact Staffing Ltd. Approval of this time sheet is our authority to invoice for the engagement. Any temporary member of staff employed directly by the company full or part time will incur our standard introduction fee.

I am the authorised signatory for my company. I am signing to confirm that the hours/shift that I am authorising are accurate and I approve of the payment.

Authorisers signature:  Date signed:

Authorisers PRINT NAME:  Ward/Department: