

# NHS TIMESHEET

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Top copy: Office, Middle copy: Client, Bottom Copy: Worker



**MM Care Services**

<b>EMPLOYEE NAME:</b>	<b>POSITION:</b>
<b>HOSPITAL &amp; ADDRESS:</b>	<b>WARD:</b>
	<b>TRUST:</b>

Only use black ink. Obtain authorised signatures for all the shifts you have worked. Complete one timesheet for each week worked per client and leave a copy with the client. Also send a copy to the office and keep one for your records. Payment is made on Friday for timesheets received on Monday by 10 am sent by email to [accounts@mmcareservices.co.uk](mailto:accounts@mmcareservices.co.uk) or by post to the above address.

DAY	DATE	START TIME (24HRS)	END TIME (24 HRS)	BREAK (MINS)	TOTAL WORKED HOURS	BOOKING REFERENCE	PRINT NAME	AUTHORISED SIGNATURE
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								

**TOTAL:**

TEMPORARY WORKER: I declare that the information I have given on this form is correct and complete .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 dis-closure of information from time to time to and by the client for the purpose of verification of this claim and the investigation.

**EMPLOYEE SIGNATURE:**

CLIENT: I confirm that I am an authorised signatory confirming that I have checked the timesheet and all information is correct. 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.

**CLIENT SIGNATURE:**