

CONTRACT HOURS	
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Hospital/Community Name
 (Block Capitals)

Ward/Department Grade

Period From To Assignment No.

CONTRACT HOURS						OVERTIME AND EXCESS HOURS					PLEASE TICK		REMARKS & RECHARGES
D A T E	Saturday Hours	Sunday Hours	Night Duty Hours	Unsocial Hours	Bank Holiday	Weekday	Saturday	Sunday and B.H.	Nights	Unsocial Hours	Injury/ Sickness	Annual Leave	
26													
27													
28													
29													
30													
31													
1													
2													
3													
4													
5													
6													
7													
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19													
20													
21													
22													
23													
24													
25													
Total													

For employees: 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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud Authority (NHSCFA) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

N.B. IT IS ESSENTIAL THAT DUTY SHEETS ARE ACCURATELY SUBMITTED IMMEDIATELY FOLLOWING 25th OF EACH MONTH

For managers: I declare that I am an authorised signatory for my ward/department. I am signing below to confirm that both the grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud Authority (NHSCFA) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Certified that the times shown on this sheet are correct:-

Signature of Employee

Certified for Payment

Head of Department

Print Name

ON CALL/STAND BY - EMERGENCY DUTY

Date	On-Call		Stand-by		Sessions Claimed	Emergency Duties Performed		Hours Worked	Sleep-Ins	Remarks & Recharges
	From	To	From	To		From	To			
	26									
27										
28										
29										
30										
31										
1										
2										
3										
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Period FromTo

Certified for Payment

Head of Department

Print Name.....