

Deming Cherry Ward Timesheet

Candidate Name Olatunji Adeyanju

Address

Postcode

T/S No

Job Title

Band

ENTER DETAILS OF HOURS WORKED

Week Ending Date

DATE	START TIME	FINISH TIME	BREAK	HOURS	SIGN & PRINT	DEPARTMENT
20/01/19	7:30	20:00	1 hr	11 1/2		Staff Nurse

Please use 24 hour clock

Total hours worked
(please complete)

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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention detection and prosecution of fraud.

Signature:

Printed Name: Olatunji Adeyanju

Position: HCA

Date: 20/01/19

Client Declaration

I am an authorised signatory for my ward/department/NHS body am signing to confirm that the job profile Title and Band of Agent Worker and the hours/shift that I am authorising are accurate and 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 the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature

Printed Name:

Date:

(ALL SECTIONS MUST BE COMPLETED OTHERWISE TIMESHEET CANNOT BE PROCESSED)

1.1 Details of the NHS Fraud and Corruption Reporting line: "Any questionable timesheet 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