



Altrix Technology Ltd
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SINGLE SHIFT TIMESHEET

Please upload your timesheets via your Altrix account at www.Altrix.co.uk
For any help, contact timesheets@altrix.co.uk

Section 1: PLEASE WRITE IN BLOCK CAPITALS

First Name:				Surname:			
Client Name/ NHS Trust:		Hospital Location:		Consultant:			

Section 2: PLEASE WRITE YOUR BREAKS WHEN TOTTALLING YOUR HOURS WORKED AND ENSURE YOU USE THE 24HR CLOCK. UNLESS "NB" IS WRITTEN IN THE BREAK COLUMN THEN BREAKS WILL BE AUTOMATICALLY DEDUCTED IF NOT INCLUDED. NOTE: TOTAL CLAIMABLE HOURS = HOURS WORKED – BREAKS. PLEASE ONLY ENTER 1 SHIFT BELOW

DAY	DATE	START	BREAK	FINISH	TOTAL CLAIMABLE HOURS	WARD	BOOKING REFERENCE	CLIENT SHIFT APPRAISAL (Please Circle)
								1 – Good 2 – Satisfactory 3 – Poor

Section 3: PLEASE ENSURE YOUR TIMESHEET IS CORRECTLY UPLOADED TO YOUR ALTRIX PROFILE BEFORE 12PM TO SUCCESSFULLY RECEIVE PAYMENT. FAILURE TO DO SO WILL RESULT IN YOUR PAYMENT BEING DELAYED.

Candidate Declaration:

I declare that the information I have given on this form is correct ad complete and that I have not claimed elsewhere for the hours or shifts detailed on this timesheet. I understand that if I knowingly provide false information on this, I may face disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information on this form to and by the NHS body (or otherwise) and the NHS CFSMS (or otherwise) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by the client.

I also confirm that I am aware of the placement policies and procedures and I have received an induction within the clinical area.

Name:		Signature:		Note to the Candidate: Please ensure that the authorised signatory makes every effort to see that your shift is appraised using the 'Client Shift Appraisal' box provided in Section 2.
Position:		Date:		

Client Authorisation;

I am an authorised signatory for my ward/department/NHS Body or other relevant organisation. I am signing to confirm that the Job Profile, Title and Band of Nurse and the hours/shifts that I am authorising are accurate and I therefore 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 proceedings. I consent to the disclosure of information on this form and by the NHS body (or otherwise) and the NHS CFSMS (or otherwise) in England (if applicable) or other relevant organisation for the purpose of verification of this claim and the investigation, prevention and detection and prosecution of fraud.

Name:		Signature:		Note to the Client: To ensure that we adhere to the NHS Framework requirements, will you please ensure that you appraise the performance of the candidate above using the 'Client Shift Appraisal' box in Section 2
Position:		Date:		

I understand and agree to Altrix's current Terms of Business.

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 Fraud and Corruption Reporting Line on **0800 028 4060** (Applicable to the NHS only)