



Altrix Technology Ltd
16-18 Monument Street
London, EC3R 8AJ
020 3826 6040

SINGLE SHIFT TIMESHEET

Please upload your timesheets via the Altrix app
or online at www.Altrix.co.uk
For any help, please contact your consultant.

Section 1: Please write in BLOCK CAPITALS. All boxes must be completed to ensure your timesheet can be successfully processed.
When capturing your completed timesheet please ensure the image is clear and fits-to-frame - the edges of the timesheet should align with the edges of your picture/scan.

First Name:		Surname:	
Trust Name:		Hospital:	

Section 2: Please use the 24hr clock for start and end times and deduct any break time when calculating Hours Claimable .
Some Trusts have minimum mandatory break times that must be taken - please ensure you are clear about a Trusts break policy.

Day of week (e.g. MONDAY)	Shift Date (e.g. 01/01/2022)	Shift Start Time (e.g. 19:30)	Break in Mins (e.g. 60 MINS)	Shift Finish Time (e.g. 07:30)	Hours Claimable - excluding break (e.g. 11 HRS 0 MINS)	Ward	Booking Reference
			_____MINS		_____HRS_____MINS		

Section 3: Please ensure your timesheet is signed by an appropriate Trust representative and uploaded to the correct shift on your profile before 10am.
Timesheets received after 10am will be processed the following weekday.
Incomplete or illegible timesheets will result in processing delays and may be rejected for resubmission of a corrected complete timesheet.

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 or shifts detailed on this timesheet. I understand that if I knowingly provide false information, 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 understand and agree to Altrix's current Terms of Business.

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 'End of Placement Appraisal' box below.
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 to and by the NHS body (or otherwise) and the NHS CFSMS (or otherwise) or other relevant organisation for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Altrix's current Terms of Business.

Name:		Signature:		End of Placement Appraisal - please select one			
Position		Band:		Date:			
					1 – Good	2 – Satisfactory	3 – Poor

Note to the Client: To ensure that we adhere to the NHS Framework requirements, please ensure that you appraise the performance of the candidate above.

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)