

918 NHS Blood and Transplant



Blood and Transplant

SESSIONAL Monthly Timesheet			Assignment No					
Surname		Claim period from						
Forename		Claim period to						
Date	Start Time	Finish Time	Number of SESSIONS			Signature of Manager Authorising Shift	PRINT NAME	Cost Centre
			Number of Sessions worked	minus Break	Number of Sessions to be PAID			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
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19								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals authorised for payment								
<p>Please complete using black pen and block capitals. Times worked must be in 24 hour format. All blank boxes must be crossed through. Any alterations must be initialled by authorising signatory and no correction fluid must be used. Any incomplete or illegible sheets will result in the form being returned to the employee and a delay in payment. Faxed and photocopied sheets will not be accepted.</p>								
<p>I confirm this claim is completed in accordance with the sessional medical arrangements. 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 detailed on this sheet. 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 NHSBT and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>					<p>I am an authorised signatory for this employee's cost centre and my department. I confirm the hours claimed here have been worked and 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 NHSBT and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>			
Signed			Date			Signed		Date
						Print name (block capitals)		Assignment no
						Job Title		