



MEDGEN

MedGen LTD
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MedGen LTD
 Citibase, 1 St Colme Street,
 Edinburgh EH3 6AA
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 T: 0131 357 9900 F: 0333 121 1081



Our deadline for submitting Timesheets is Monday 17:00

Candidate First Name:	Candidate Surname:	Induction Completed Signature:
Hospital/Client:		
Location/Ward:		
Job Title:	Band / Grade	

**SCANNED, FAXED OR POSTED
TIMESHEETS ONLY - NO PHOTOS!**

Day Insert Date Below	Start Time	Finish Time	Shift Hours	Break Time	Time Worked	Ref No.	Mileage Claimed	Client Shift QA: 1=Good 2=Satisfactory 3=Poor				
								Punctuality	Attitude	Clinical Performance	Patient Care	
Monday DD/MM/Year												
Tuesday DD/MM/Year												
Wednesday DD/MM/Year												
Thursday DD/MM/Year												
Friday DD/MM/Year												
Saturday DD/MM/Year												
Sunday DD/MM/Year												
TOTAL HOURS WORKED					TOTAL MILEAGE TO BE PAID				Would you re-employ this worker	Yes	No	

To the Candidate

Medgen Ltd operates a weekly payroll. Any timesheet received before 17:00 on Monday will be processed and paid that week. The timesheet needs to be returned to Medgen Ltd either by email to payroll@medgen.co.uk or faxed to 0333 121 1081. The timesheet requires the signature of the candidate and that of the client. Our Terms & Conditions are in accordance with Medgen Ltd Staff Handbook.

"I declare that the information I have given on this form is correct and that I have not claimed elsewhere for the hours/shifts as entered on this timesheet. I accept 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 this disclosure of information from this form to and by any MedGen authorised body for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud."

To the Client

"I am an authorised signatory for my ward/site/NHS Body. I am signing to confirm that the hours/shift I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information, this may result in disciplinary action and I am liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any MedGen authorised body for the purpose of verification of this claim and investigation, prevention, detection and prosecution of fraud. I understand and agree to Medgen Ltd current Terms of Business.

A standard introductory fee will be charged if the candidate is taken on permanently or is engaged through a different agency.

Signed Candidate:

Print Name:

Date:

Signed Client:

Print Name:

Date: