www.medgen.co.uk

Fax timesheet to -0333 121 1081

Payroll line - 0333 121 1000 Opt 5

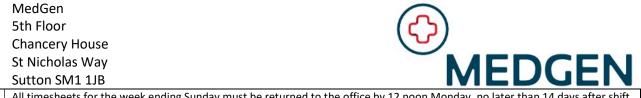
Email timesheet to - <u>payroll@medgen.co.uk</u>

NHS auditors, NHS CFA, tax and law enforcement authorities and employment screening agencies in connection with my engagement.

Payroll enquires to - payroll@medgen.co.uk

MedGen 5th Floor **Chancery House** St Nicholas Way

Sutton SM1 1JB



**Timesheet** 

ensure that all copies are legible. No correction fluid may be used.					will be unpaid	,	by 12 noon wonday, no later than 14 days after shift	
First Name:		Quals worked	Ticked below	Practice related feedback		back	For Client Only	
Surname:		RN		Please comment on the overall performance of this worker during the shift to provide practice related feedback		· · · · · · · · · · · · · · · · · · ·	Initial if booked at specialist rates:	
Ward or Unit:		MIDWIFE		Please tick			Initial if in charge of specialist unit:	
Name of Client:		HCA		Excellent [] Very good [] Good [] Average []  If a uniform was worn was it a Medgen one []  If you would like us to contact you regarding the above []  Name:  Tel No: Client Break Authorisation:			Client Signature:	
Name & Address of Hospital:  Do not fill if at private residence only use client codes		RSCN					Printed Name	
<u> </u>		ITU / A&E					Date:  I am authorised to sign this timesheet. I have checked that all hours shown and qualification claimed, together with any specialist enhancements are correct. I understand that if I	
		THEATRE						
		RMN						
		SLEEP IN		Has an induction been completed on your first shift listed on this timesheet? [] Yes [] No			<ul> <li>knowingly authorise false information this may result in disciplinary action and I may be liable for</li> </ul>	
		IN CHARGE		- On this ti	mesneetr	[] Tes [] No	prosecution and civil recovery proceedings.	
Day of the Week	Date	Start Time (24 Hour clock)	Finish time (24 Hour clock)	Break (Mins)	Total hours Worked	Personal Mileage (capped at 100 miles round to Home Postcode: First client Postcode: Home Postcode: Home Postcode	code: Miles Claimed:	
						Business Mileage (for Dom Care home visits place) submitted with this timesheet)	ease complete separate mileage form which <u>MUST</u> be	
of more than 9 hours i	n length: 1 hour. If a l	oreak is offered by a cl	ent, it will be deducte				nsurance certificate s 61/2 - 9 hours: 30 minutes. For night duty, and day shifts omplete the break actually taken and the client is required	
to initial to authorise. If no break is offered Worker Signature:		SB		C Pin (if applicable)		Notes/Booking reference: PO Number		
my duties with Medge incomplete or illegible	n at a temporary wor timesheets will resul	kplace and have enclo t in the form being ret	sed or retained receip urned to the worker a	ots or other vali and a delay in p	d contemporand	eous records of expenses incurred. I understand these rstand that if I knowingly provide false information thi	e performance of my duties or travelling in order to perform details will be checked before the timesheet is paid, any s may result in disciplinary action and I may be liable for be passed to third parties including NHS trusts, hospitals,	



ONE FORM TO BE COMPLETED FOR EACH INDIVIDUAL SHIFT (for journeys from client to places of care)

## **BUSINESS MILEAGE CLAIM (MUST SUBMIT WITH TIMESHEET)**

Client Name (1	Trust/Hospital name):		
Candidate (Nu	ırse) Name:		
Date of shift: (a	as per timesheet)		
This is tra	vel from Client location to first D	omiciliary care location, and to each	subsequent location
		from home to the client start location	
Visit	From Postcode	To Postcode	Total Miles
1	Fionifostcode	10 Postcode	iotarivilles
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
TOTAL MILES			
Paid at 40p p	per mile		
Candidate sigi	nature		
Date			