



## Timesheet

**IMPORTANT:** Please press firmly with a black ball point pen and write in capitals to ensure that all copies are legible. No correction fluid may be used.

All timesheets for the week ending Sunday must be returned to the office by 12 noon Monday, no later than 14 days after shift or mileage will be unpaid.

First Name:	Quals worked	Ticked below	<b>Practice related feedback</b> Please comment on the overall performance of this worker during the shift to provide practice related feedback  Please tick 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: _____	<b>For Client Only</b>  Initial if booked at specialist rates: _____  Initial if in charge of specialist unit: _____  Client Signature: _____  Printed Name _____  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 knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.
Surname:	RN			
Ward or Unit:	MIDWIFE			
Name of Client:	HCA			
Name & Address of Hospital: <small>Do not fill if at private residence only use client codes</small>	RSCN			
	ITU / A&E			
	THEATRE			
	RMN			
	SLEEP IN			
IN CHARGE			<b>Has an induction been completed on your first shift listed on this timesheet? [ ] Yes [ ] No</b>	

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 tripe from home)
						Home Postcode: _____ First client Postcode: _____ Miles Claimed: _____ Last client Postcode: _____ Home Postcode: _____  Business Mileage (for Dom Care home visits please complete separate mileage form which <b>MUST</b> be submitted with this timesheet)  <b>To claim mileage you MUST have a valid car insurance certificate</b>

**REST BREAKS** Unless otherwise agreed between Agency and Client. For shifts up to 6 hours in length no break is deducted. For shifts of 6 to 6 1/2 hours: 20 minutes. For shifts 6 1/2 - 9 hours: 30 minutes. For night duty, and day shifts of more than 9 hours in length: 1 hour. If a break is offered by a client, it will be deducted. If an alternative other than the standard break or no break is offered, you **MUST** complete the break actually taken and the client is required to initial to authorise. If no break is offered you must write "No Break".

Worker Signature:	SB	NMC Pin (if applicable)	Notes/Booking reference: PO Number
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I confirm the above details are correct to the best of my knowledge and belief. In addition, I declare that any travel costs I have claimed have been necessarily incurred in the performance of my duties or travelling in order to perform my duties with Medgen at a temporary workplace and have enclosed or retained receipts or other valid contemporaneous records of expenses incurred. I understand these details will be checked before the timesheet is paid, any incomplete or illegible timesheets will result in the form being returned to the worker and a delay in payments. 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. Medgen will co-operate with any organisation/investigation in respect of this timesheet. I accept that information disclosed may be passed to third parties including NHS trusts, hospitals, NHS auditors, NHS CFA, tax and law enforcement authorities and employment screening agencies in connection with my engagement.



**MEDGEN**

**EVERY PLACEMENT  
A DIFFERENCE**

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 (Trust/Hospital name): \_\_\_\_\_

Candidate (Nurse) Name: \_\_\_\_\_

Date of shift: (as per timesheet) \_\_\_\_\_

*This is travel from Client location to first Domiciliary care location, and to each subsequent location  
This does NOT include your personal mileage from home to the client start location (claimed on timesheet)*

Visit	From Postcode	To Postcode	Total Miles
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
TOTAL MILES			

Paid at 40p per mile

Candidate signature \_\_\_\_\_

Date \_\_\_\_\_