Timesheet

FREEMAN'S CHOICE
TRAINING AND RECRUITMENT

Please email your timesheet after **every** shift.
Timesheets should only be sent to the **payroll** email.
Timesheets must be received by **Monday 10:00** to be processed.
Email: **payroll@freemanschoice.co.uk**

Full Name:
(BLOCK CAPITALS)

Position:

Employee Number:

Place of Work:

Department/Resident:

"I declare that the information in this timesheet is true, correct and complete; and that I have not claimed elsewhere for the hours/shift in it. In the event of a dispute regarding claimed hours, the locum will be liable to repay any overstated amount unless the timesheet has been duly authorised by the client. Any overpayments should be repaid immediatelly as failure to do so may result in legal proceedings. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Authority, public sector body, private entities, counter fraud services or other similar organisation who operate in the same capacity for any other public or private sector organisation for the purpose of verfication of this claim and the investigation, prevention, detection and prosecution of fraud."

Signature:

This timesheet must be signed by an authorised signatory. The authorised signatory confirms to the terms of the business and that the hours claimed are correct.

	DATE DD/MM/YY	START TIME	FINISH TIME	LENGTH OF BREAK	HOURS WORKED (excluding break)	SLEEP IN (please tick)	AUTHORISED/CLIENT'S	
							PRINT NAME	SIGNATURE
MONDAY	/ /	:	:		:			
TUESDAY	/ /	:	:		:			
WEDNESDAY	/ /	:	:		:			
THURSDAY	/ /	:	:		:			
FRIDAY	/ /	:	:		:			
SATURDAY	/ /	:	:		:			
SUNDAY	/ /	:	:		:			