

Timesheet

IMPORTANT:
PLEASE WRITE CLEARLY IN BLOCK CAPITALS.
NO CORRECTION FLUID MAY BE USED.
Please complete all relevant fields.

Payroll line – 0333 733 7000 Opt 5

Email timesheet to –
payroll@mcshealthcare.co.uk

Payroll enquiries to –
payroll@mcshealthcare.co.uk

MCS Healthcare
5th Floor
Chancery House
St Nicholas Way
Sutton SMI 1JB



FIRST NAME:
SURNAME:
CLIENT CODE:
NAME OF CLIENT:

ROLE:	Tick Below (X)
HCA	
HCA -SPEC	
RN	
RMN/RNLD	
RGN - SPEC	

FOR CLIENT ONLY
Client Signature:
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.

Day of the week (Monday – Sunday)	Date of shift (DD/MM/YYYY)	Start time (00:00 – 23:59)	Finish Time (00:00 – 23:59)	Total shift hours

Break taken? (Y/N)	Break Start time (00:00 – 23:59)	Break Finish time (00:00 – 23:59)	Total break hours

Additional shift information:					
TOTAL DAY HOURS WORKED weekday from to 08:00 – 20:00	TOTAL NIGHT HOURS WORKED weekday from to 20:00 – 08:00	TOTAL WEEKEND HOURS WORKED from Friday 20:00 to Monday 08:00	SLEEP SHIFT? (Y/N)	Sleep Hours START TIME (00:00 – 23:59)	Sleep Hours END TIME (00:00 – 23:59)

Personal mileage claim: TO CLAIM FOR MILEAGE YOU <u>MUST</u> HAVE A VALID CAR INSURANCE CERTIFICATE		
Start Postcode	End Postcode	Total Mileage claimed

Candidate Signature	Candidate Signature Date	NMC Pin (if applicable)	Notes/Booking ref/PO number

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 MCS Healthcare 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. MCS Healthcare 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.