



Suite 1
140A High Street
Watford, Herts
WD17 2EN

MEDCO SERVICES

Healthcare Service Provider

T: 020 8206 2828
F: 020 8206 2727
E: jobs@medco-services.com
W: www.medco-services.com

Timesheet – GP / Hospital Doctor / Nurse

Please ensure you complete all fields on the timesheet correctly otherwise your timesheet will be rejected and may delay your payment.

Please write in Block letters:

| | |
|-------------------------|--|
| First Name: | |
| Surname: | |
| Client Name: | |
| Job Title & Speciality: | |

Please write in BLOCK letters and use the 24 hour clock. The dates must be on the correct line to correspond with the days and start and finish times included. Please ensure your break is deducted from the total hours and if you do not take a break please write NB. Client must sign to confirm NB otherwise this will automatically be deducted.

Note to candidate: Please can you ensure that you ask the authorising signatory to complete the shift appraisal. Please circle as applicable: 1 = Unsatisfactory 2 = Poor 3 = Satisfactory 4 = Good 5 = Excellent

| Day | Date | Start | Break | Finish | Total Hours | Client Shift Appraisal | Daily Authorised Client Initials |
|--------------------|------|-------|-------|--------|-------------|------------------------|----------------------------------|
| Monday | | | | | | 1 2 3 4 5 | |
| Tuesday | | | | | | 1 2 3 4 5 | |
| Wednesday | | | | | | 1 2 3 4 5 | |
| Thursday | | | | | | 1 2 3 4 5 | |
| Friday | | | | | | 1 2 3 4 5 | |
| Saturday | | | | | | 1 2 3 4 5 | |
| Sunday | | | | | | 1 2 3 4 5 | |
| Total Hours | | | | | | | |

Please ensure your timesheet is completed in full & sent to payroll by 5PM on Monday. If your timesheet is not received by this time, any of the above fields are missing, or are unclear it can delay payment. Please ensure the timesheet is SIGNED and DATED by yourself and the authorised signatory, otherwise payment will be delayed.

| | |
|--|------------|
| Candidate Declaration: I declare that the information I have given on this timesheet is correct and complete and that I have not claimed elsewhere for the hours/shift detailed on this timesheet. 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. I consent to the disclosure of information from this timesheet to and by any Medco authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I can confirm that induction and orientation training and fire safety has been provided by the client. | Name : |
| | Signature: |
| | Date: |

| | |
|---|------------|
| Client Authoriser: I am an authorised signatory for my ward/department/NHS body or other relevant organisation. I am signing to confirm that the job profile title and band of the candidate and the hours/shift that I am authorising is accurate and I approve payment. 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 any Medco authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Medco current terms of business. Note to client: Please can you ensure that you appraise the performance of the candidate using the client shift appraisal above. | Name : |
| | Signature: |
| | Date: |