Specialist Care Services
Community Care

The Raylor Centre, James Street, York, YO10 3DW Tel : 01904 848700 Email : timesheets@greenshootscs.com

This must be posted or handed in at the Head Office address [above] by 10am on Monday in order to facilitate payment on Friday

Client Name and Address			
Staff Name			
Staff Number		**Designation**	
		Week Ending [Sunday]	

Day	**Date 09/09/2009**	**Start Time e.g. 08.00**	**Finish Time e.g. 18.00**	**No. Of Working Hours**	**Sleepin Hours**				**Authorised by**
					Start Time	**Finish Time**	**No. Of Sleepin Hours**	**No. of waking Hours**	
Mon									
Tue									
Wed									
Thur									
Fri									
Sat									
Sun									
Total									

Total Pay Hours In Words	
Total Mileage (Please record each trip on Mileage sheet)	

FAO : Staff

I declare that the information I have given on this form is correct, complete and that I have not claimed elsewhere for the hours/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and may I may be reliable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the customer and the NHS Counter Fraud and Security Management Services for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Print Name : …… **Role/Position :** ……

Signature : …… **Date :** ……

You may report any case of fraud, in confidence to the NHS Fraud Line and Corruption Reporting Line on 0800 028 4060
Questionable timesheet must be immediately reported to the local Counter Fraud Specialist or to the Reporting Line