

Each timesheet must have a UNIQUE reference number or it will not be accepted.

**Coyle Personnel Ltd**  
Hygeia, 66-68 College Road, Harrow, HA1 1BE

**D013340**

This timesheet must be faxed or posted and received by Coyle Medical no later than Monday 12 noon in order to facilitate payment on time.

<b>Locum Full Name:</b>			
<b>Grade:</b>		<b>Specialty:</b>	
<b>Hospital Name:</b>			
<b>Department:</b>			
<b>Supplier Booking Reference Number (if applicable):</b>			
<b>Week Ending Date:</b>	<b>w/e Sunday:</b>		

DAY	DATE DD/MM/YY	START TIME	BREAK TIME In Minutes	END TIME	TOTAL HOURS WORKED
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Total Hours Worked</b>					
<b>Agreed Expenses</b>					

<b>LOCUM SIGNATURE</b> "I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. 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 NHS body and NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud".	
<b>PRINT NAME:</b>	<b>POSITION:</b>
<b>SIGNATURE:</b>	<b>DATE:</b>
<b>1<sup>st</sup> Day Induction</b> – Please tick box to confirm you received an induction on your first day of assignment:	

<b>CLIENT SIGNATURE</b> "I am an authorised signatory for my department/NHS body. I am signing to confirm that both the grade of Temporary Worker and the hours/shifts that I am authorising are 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 recovering proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud". Terms & Conditions as per the GPS National Framework for the supply of Medical Locums.	
<b>PRINT NAME:</b>	<b>POSITION:</b>
<b>SIGNATURE:</b>	<b>DATE:</b>

You may report any case of fraud, in confidence, to the NHS Fraud & Corruption Reporting Line: 0800 028 4060.  
Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

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