

**Timesheet must be written in BLACK ink.  
(A photographic copy of this timesheet using a smartphone will not be accepted)**

<b>EMAIL YOUR TIMESHEET TO TIMESHEETS@MSIRECRUITMENT.COM</b>	For your shift time bands please refer to the candidate section of our website <a href="http://www.msigroupltd.com" style="color: white;">www.msigroupltd.com</a>
<b>FAX TO: - 0207 990 9764</b>	
<b>PAYROLL QUERIES - 0203 817 4046</b>	

Section 1. Please write in BLOCK CAPITALS

First Name		Client Name/ Hospital Trust	
Surname		Site Address	
MSI Consultant		Speciality	Band

Section 2. Please write your breaks when totalling your hours worked and ensure you use the 24hr clock - if no break is written in the break column then breaks will automatically be deducted.

**Note: TOTAL CLAIMABLE HOURS = HOURS MINUS BREAKS**

Day	Date	Shift Start Time	Total Break	Shift Finish Time	Total Claimable Hours	Ward	Booking Ref	Manager Signature
<b>Total Claimable Hours</b>								

Section 3. Please ensure your timesheet is completed legibly and either emailed or faxed to MSI Recruitment Ltd; to arrive before Tuesday 12 noon to ensure payment that week. Failure to do so will result in your payment being delayed. All alterations must be initialled by the client's authorised signatory.

**Candidate Declaration**

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 MSI Group Limited ceasing to offer your further assignments and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to send by the NHS body (or otherwise) and NHS Protect (or otherwise) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I also confirm that induction and orientation training has been provided by the client.

Name:	Signed:
Position:	Date

**Client Authorisation:**

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 Nurse 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 recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body (or otherwise) and NHS Protect (or otherwise) in England (if applicable) or other relevant organisation for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name:	Signed:
Position:	Date

By signing our timesheet you are agreeing to MSI Recruitment terms and conditions.