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# Weekly Timesheet

<b>Employee Name:</b>	<b>Service User (Initials &amp; Location):</b>
<b>Position:</b>	<b>Trust / Authority:</b>

DAY	DATE	START	END	BREAK	HOURS WORKED
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours worked					

<b>Approved by</b> (Full name & Position):
In agreement with AV Cares Terms and Conditions, I confirm that the hours and/or shifts that I am authorising are accurate and I approve payment. 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.
<b>Signature:</b>
<b>Date:</b>

<b>Employee Name &amp; Position:</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 and/or shifts detailed on this timesheet. I understand that if I have knowingly provided 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 the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.
<b>Employee Signature:</b>
<b>Date:</b>

**All timesheets to be sent by Monday 2pm to [timesheets@avcares.co.uk](mailto:timesheets@avcares.co.uk)**