

## Bluestones Medical Complex Care timesheet

- Please email your timesheet over to [complexcaretimesheets@bluestonesmedicalcomplexcare.co.uk](mailto:complexcaretimesheets@bluestonesmedicalcomplexcare.co.uk) by **11am on a Monday**
- Please ensure your **timesheet is signed and dated by yourself and your manager**
- Failure to send your timesheet in by 11am on a Monday may lead to you missing payment on the Friday
- Please tick the box if you wish to be paid for a shift via our Rapid Pay option. Rapid Pay deadlines have been outlined below
- Timesheets received before 9.30am on Monday – Money available to claim from 2pm Monday to 11am Tuesday
- Timesheets received before 9.30am on Tuesday- Money available to claim from 2pm Tuesday to 11am Wednesday
- Timesheets received before 9.30am on Thursday -Money available to claim from 2pm Thursday to 11am Friday



<b>First name:</b>	<b>Last name:</b>	<b>House name:</b>	<b>Manager:</b>
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Day	Date	Start time	End time	Sleeps	Rapid Pay
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

### Worker declaration

I declare that the information I have given on this timesheet is correct and I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information that 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 authority, other public sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**Full name:** .....

**Date:** .....

**Sign:** .....

### Manager declaration

I am an authorised signatory for this home. I am signing to confirm that the hours/shift 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 Authority, other Public Sector body and private entities who have a similar requirement and the Counter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**Full name:** .....

**Date:** .....

**Sign:** .....