used to claim RC	Cover Shifts' - this I 'Cover Shift'	form i	must o	nly be	Bloc	NHS od and Transplant
Centre		Forename				1
Surname		Claim date				
Assignment Number		from				to
Dete	Day	Details of call out we		Hours		Comments
Date		Start	Finish	Mon to Sat	Sun & Bank Hols	Comments
					Dank Hols	
Totals authoris	ed for payment					
For Pay Support use only		AFC Call o	ut NR NHS	Non Public Holiday	Public Holiday	
initialled by authorising signatory ar		Any incomple				ssed through. Any alterations must be the form being returned to the employee
I confirm this claim is completed in accordance with the NHSBT RCI Cover Shift agreement. 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 detailed on this claim. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by NHSBT and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.						
Employees Signature:			Managers signature:			
Date:			Date:			
Form to be sent by e-mail to Pay Support - Processing by the 3rd of the following month						