

If You Suspect Any Fraud Please
Contact The NHS Fraud Line on:
08702 400 100

Weekly Timesheet

Please use a separate Timesheet for
each ward worked on



Professionals

1. Ward: Dryad Unit: _____ Hospital: Gosport war Trust: Farham Gospat Practice: _____

Week Ending Saturday:

2 / 7 / 05

2. Pay No. _____ Surname: Code A Forenames: Code A

| 3. ACTUAL HOURS WORKED | | | | | | | | 8. AUTHORISATION | | | 9. | |
|------------------------|--------------|--------------|------------------|-----------|-----------------|----------|----------|-------------------|----------------------|---------------|----------------|----------------|
| DATE | Start | Finish | 4. Unpaid Breaks | | 5. Hours Worked | | 6. Grade | 7. State F,P or G | Authorised Signature | Print Name | Date | Request Number |
| | | | Hrs | Min | Hrs | Min | | | | | | |
| SUN | | | | | | | | | | | | |
| MON | | | | | | | | | | | | |
| TUE | | | | | | | | | | | | |
| WED | | | | | | | | | | | | |
| THU | | | | | | | | | | | | |
| FRI | | | | | | | | | | | | |
| <u>2/7/05</u> SAT | <u>20.15</u> | <u>07.45</u> | <u>1</u> | <u>30</u> | <u>10</u> | <u>0</u> | <u>A</u> | <u>Code A</u> | <u>E. S. BELL</u> | <u>3/7/05</u> | <u>1378701</u> | |

Total Hours: 10

10. Authorising Person confirming Total Hours in words TEN

THIS TIMESHEET SHOULD BE SENT WEEKLY TO: NHS PROFESSIONALS, BERRYWOOD BUSINESS VILLAGE, TOLLBAR WAY, HEDGE END, HANTS, SO30 2UN

11. Comments

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE
I HAVE NOT CLAIMED ELSEWHERE FOR THE HOURS/SHIFTS DETAILED ON THIS TIMESHEET

12. Members Signature: Code A

Data Input Clerks are instructed to return any timesheets which are not completed and authorised correctly.

WHITE COPY - NHS PROFESSIONALS
YELLOW COPY - WARD/DEPT.
BLUE COPY - NURSE

General Enquiries: 01489 772400
Timesheet Enquiries: 01489 772422
Tax/Pension Enquiries: 02392 894340

PLEASE SEE TIMESHEET COMPLETION NOTES OVERLEAF