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| Please complete one timesheet for each v | Send to: NHS Pro | fessionals ood Business Village | | | | | | HS | | | | | | | | | |
| Forename(s): | | | 施工器数 数 | | Tollbar \ | Way, Hedge End | Professionals | | | | | | | | | | |
| Surname: | ode A | | | | For payroll gueries call: 02380 748313 | | | | | | | | | | | | |
| Payroll number: | | If yo orga | u hold a substantive p anisation please state y | ost in a NHS your contracted hours | Copies: WHITE/NHS Professionals - GREEN/Bank Member - BLUE/Trust/Ward | | | | | | | | | | | | |
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| Hospital/Location: G WH H | Hospital/Location: | | | | | | | FOR COMPLETION BY THE AUTHORISED WARD/DEPARTMENT SIGNATORY | | | | | | | | | |
| | D | 110 | | | I am an authorised signatory for my ward/department. I declare that the grade and shift(s) that I have authorised are accurate and I approve payment. I understand that if I give false information on this form action may be taken against me. | | | | | | | | | | | | |
| Booking reference | Shift date | Shift start time (24 hours) | Shift end time (24 hours) | Less total break time (hours:minutes) | Total hours worked (hours:minutes) | Grade Worked | nitial(s) and surname of Authoriser | | | | | | | | | | |
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| disciplinary action and I may be liable for prosecution and civil recovery proceedings. I have not claim on this timesheet. I consent to this being used for enquiries in relation to the prevention, detection a | | | ned elsewhere for the l | hours/shifts detailed | Total hours | Authorised Signature | | | Date | | 1 | / | | | | | |
| Bank Memb Code A | | | Date: | 118/6/ | 5 | Fraud Specialist. Shou | nesheet must be immediat uld you wish to report any ng Line on 08702 400 10 0 | case of fra | | | | | | | | | |

| Berrywood Business Village Tollbar Way, Hedge End Southampton, SO30 2UN | | | | | | | | Professional: | | | | | | | | | | |
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| I am an authorised signatory for my ward/department. I declare that the grade and shift(s) that I have authorised are accurate and I approve payment. I understand that if I give false information on this form action may be taken against me. | | | | | | | | | | | | | | | | | | |
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