TIMESHEOT

| FOR COMPLETION BY BANK MEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Booking reference | | | | | Shift date | | | | | Shift start time (24 hours) | | | | | Shift (24 | end ti | | Less total break time (hours:minutes) | | | Total hours worked (hours:minutes) | | | | | | |
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| | Send to: NHS Profe Berrywood Tollbar Wa Southamp | | NHS Professionals | | | | | | | | | | | | | |
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| For payroll queries call: 02380 748313 | | | | | | | | | | | | | | | | |
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| | | ION BY THE AUTH | | | | | | | | | | | | | | |
| | 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. | | | | | | | | | | | | | | | |
| | Grade Worked | | Initial(s) and surname of Authoriser | | | | | | | | | | | | | |
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| | Any questionable timesl Fraud Specialist. Should NHS Fraud Reporting | you wish to report a | ny cas | | | | | | | | | | | | | |

Date received stamp:

Code A

Bank Member Signature:

Date:

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