## SOH501836-0001

CREDIT CONTROL: 0845 120 5335 Nu			THORNBURY Nursing Services		Licensed by Commission for Social Care Inspe VAT EXEMPT		TIME SHEET	
	: 0117 923 9229 NTRE: 0845 120	5305	E-MAIL: payro	oll@tnsltd.com	NO	TAV	No. 547799	
Name and Address of Client GOSPORT WAR MEMORIAL			Quals. Worked RGN *		ent on the overall performance e during the shift ( )</th <th>Client Initial here if bo at specialist rates Client Signature</th> <th>Code</th>	Client Initial here if bo at specialist rates Client Signature	Code	
Ward or Unit DRYAD WARD Name of Nurse			RMN/RNMH MIDWIFE EMN/ENMH	Good Average Below Aver If you woul		PRINTED NAME.		
TNS Nurse Number			E/N AUX ON CALL	Name: Contact No.:		Expensesmiles		
DAY	DATE	START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONL B P1 P2	BH	NOTE: - BREAKS otherwise stated on this timesheet,	
FRI	10/6	2015	0745	90		for shifts deducted For shift	for shifts up to 6 hours in length no break is deducted. For shifts of 6-6%hrs, 15 minutes. For shifts 6%-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr.	
12 noon Monday	. Top 2 copies to b	ek ending Friday mu e returned to office Company Number	, leave back copy v	Nurse's Signatu		reed between Agency and Client.		

ш

T