

TIMESHEET

FOR COMPLETION BY BANK MEMBER

Please complete one timesheet for each ward worked using black pen and block capitals as per example. Altered/amended shifts will be rejected.

Forename(s): ALISON ANNE
 Surname: GRANT
 Payroll number:
 Trust: F + G PCT
 Hospital/Location: GWMH
 Ward/Dept: DR4AD

If you hold a substantive post in a NHS organisation please state your contracted hours 37 1/2

Date received stamp:

Send to: NHS Professionals
 Berrywood Business Village
 Tollbar Way, Hedge End
 Southampton, SO30 2UN



For payroll queries call: 02380 748313

03

Copies: WHITE/NHS Professionals - GREEN/Bank Member - BLUE/Trust/Ward
 It is recommended best financial practice for the Authorisor to send the White Copy to NHS Professionals

FOR COMPLETION BY THE AUTHORISED WARD/DEPARTMENT SIGNATORY

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) |
|---------------------------|------------|---------------------------------|-----------------------------|---------------------------------------|------------------------------------|
| 9900123 <i>Example</i> | 10/06/04 | 09 00 | 18 30 | 01 20 | 08 10 |
| | | Total hours worked in long hand | EIGHT HOURS AND TEN MINUTES | | |
| | 04/06/05 | 20:15 | 07:45 | 01:30 | 10:00 |
| | | Total hours worked in long hand | TEN HOURS | | |
| | / / | : | : | : | : |
| | / / | : | : | : | : |
| | / / | : | : | : | : |
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| | / / | : | : | : | : |
| | / / | : | : | : | : |
| | / / | : | : | : | : |

| Grade Worked | Initial(s) and surname of Authoriser |
|---|--------------------------------------|
| A | J BROWN |
| Authorised Signature | Jane Brown Date 10/06/04 |
| E | Y ASTRIDGE |
| Authorised Signature | Code A 30/06/05 |
| Authorised Signature | Date / / |
| Authorised Signature | Date / / |
| Authorised Signature | Date / / |
| Authorised Signature | Date / / |
| Authorised Signature | Date / / |
| Authorised Signature | Date / / |
| Additional Trust authorisation (optional according to Trust authorisation policy) | |
| Authorised Signature | Date / / |

I declare that the information I have given on this form is correct and complete. I understand that if I provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I consent to this being used for enquiries in relation to the prevention, detection and investigation of fraud.

Total hours

Bank Member Signature: Code A

Date: 29/6/05

Any questionable timesheet must be immediately brought to the attention of your local Counter Fraud Specialist. Should you wish to report any case of fraud please contact, in confidence, the NHS Fraud Reporting Line on 08702 400 100