

**Marking Instructions**

Using black or blue ink, please write CLEARLY and CAREFULLY inside the boxes using BLOCK CAPITALS, like this

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0



C8096299

Client / Hospital

G O S P O R T W A R M E M P R I A L  
H O S P I T A L

Surname:

Code A

Forenames:

Ward / Unit

~~OSMANIAN~~ D R Y A D

Member / Payroll No:

5 8 6 2 0 7 8

Home Post Code:

P 0 1 2 Code A

Qualification:

NU03

Only Use One Qualification Relevant to Work

Client / Hospital Address

Bury Rd Gosport

Client Internal Timesheet No:

[Empty boxes for Client Internal Timesheet No]

Shift Code:

- 1 = General    2 = Geriatric    3 = Psychiatric    4 = Specialist    5 = Sleeper Shift    6 = On Call Shift    In Charge  Y  N
- 7 = Call Out    8 = Sitter Shift    9 = Acute & Primary    0 = Acute Child Specialist    A = ICU    B = Renal    C = Midwifery

Day	Date Month	Year	Hours Worked		Meal Break		Meal Break		Total Hours Claimed	Grade	Shift Codes See Above	Booking Reference Number	Ward Signature	Financial Code (Client use only) or Ward Stamp
			Start 24hr Clock	Finish	Start 24hr Clock	Finish	Hrs	Mins						
<del>3</del>	<del>0</del>	<del>5</del>	<del>0</del>	<del>7</del>	<del>30</del>	<del>13</del>	<del>30</del>	<del>0</del>	<del>0</del>	<del>0</del>	<del>03</del>	<del>1299332</del>	<del>[Signature]</del>	<del>[Stamp]</del>
3	0	5	0	7	30	13	30	0	0	0	03	1299332	PC	[Stamp]

Total Miles [ ] Total Claimed £ [ ]

Expenses Claimed £ [ ]

Hours Minutes Total Hours Claimed [ ] [ ] [ ]

It is the responsibility of the Member to ensure this timesheet is correct and complete before leaving the client. Timesheets must be submitted within two weeks of completing shift.

Agency Member Signature  
Code A

**CLIENT AUTHORISATION (MUST BE COMPLETED)**

TOTAL HOURS TO BE PAID - IN WORDS

(To be completed by Client only) - DO NOT USE HYPHENS BETWEEN WORDS

HOURS SIX  
MINUTES Twenty

Please give your comments including the persons clinical performance during the shift(s)

Please (✓)  Very Satisfactory  Satisfactory  Unsatisfactory

If unsatisfactory, please contact the local branch to discuss training needs.

- Please Check the Following**
- The shift details claimed on this timesheet are correct.
  - The total hours claimed are correct and the breakdown of those hours are correct.
  - Do you need an internal timesheet?  YES
  - Your timesheet has been signed by an authorised person in the Client Authorisation box.
  - You have stated the ward/unit worked on.

Date: 30 05 05

Name: J CHIVERS

Position: SIA

Signature: Code A

Client Copy