

If You Suspect Any Fraud Please
Contact The NHS Fraud Line on:
08702 400 100

Weekly Timesheet
Please use a separate Timesheet for
each ward worked on



Professionals

1. Ward: Dryad Unit: _____ Hospital: GUMH Trust: FG PC-1 Practice: _____

Week Ending Saturday:
28 / 05 / 05

2. Pay No. _____ Surname: Williams Forenames: Henry

| | | 3. ACTUAL HOURS WORKED | | | | | | 8. AUTHORISATION | | | 9. | | |
|--------------|-----|------------------------|-------------|------------------|-----|-----------------|-----|------------------|-------------------|----------------------|-----------------|----------------|----------------|
| DATE | | Start | Finish | 4. Unpaid Breaks | | 5. Hours Worked | | 6. Grade | 7. State F,P or G | Authorised Signature | Print Name | Date | Request Number |
| | | | | Hrs | Min | Hrs | Min | | | | | | |
| | SUN | | | | | | | | | | | | |
| | MON | | | | | | | | | | | | |
| | TUE | | | | | | | | | | | | |
| | WED | | | | | | | | | | | | |
| <u>26/05</u> | THU | <u>2015</u> | <u>0945</u> | | | | | <u>D</u> | | <u>Code A</u> | <u>P CHWERS</u> | <u>27/5/05</u> | |
| | FRI | | | | | | | | | | | | |
| | SAT | | | | | | | | | | | | |

Total Hours: 10.00

10. Authorising Person confirming Total Hours in words: TEN HOURS

THIS TIMESHEET SHOULD BE SENT WEEKLY TO: NHS PROFESSIONALS, BERRYWOOD BUSINESS VILLAGE, TOLLBAR WAY, HEDGE END, HANTS, SO30 2UN

11. Comments

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE
I HAVE NOT CLAIMED ELSEWHERE FOR THE HOURS/SHIFTS DETAILED ON THIS TIMESHEET

12. Members Signature: Code A
Data Input Clerk: _____
completed and authorised correctly.

WHITE COPY - NHS PROFESSIONALS
YELLOW COPY - WARD/DEPT.
BLUE COPY - NURSE

General Enquiries: 01489 772400
Timesheet Enquiries: 01489 772422
Tax/Pension Enquiries: 02392 894340

PLEASE SEE TIMESHEET COMPLETION NOTES OVERLEAF