

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: Dryact Unit: \_\_\_\_\_ Hospital: GNMHI Trust: FIG PCT Practice: \_\_\_\_\_

Week Ending Saturday:  
28 / 05 / 05

2. Pay No. \_\_\_\_\_ Surname: Williams Forenames: Wendy

3. ACTUAL HOURS WORKED										8. AUTHORISATION			9. Request Number
DATE	Start	Finish	4. Unpaid Breaks		5. Hours Worked		6. Grade	7. State F,P or G	Authorised Signature	Print Name	Date		
			Hrs	Min	Hrs	Min							
<u>22/05/05</u> SUN	<u>20:15</u>	<u>07:45</u>			<u>10</u>	<u>00</u>	<u>D</u>		<b>Code A</b>	<u>P. MCKEEVER</u>	<u>23/05/05</u>	<u>1277155</u>	
MON													
TUE													
WED													
THU													
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 Clerks are instructed to return any Timesheets which are not 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