

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: DEYRD Unit: _____ Hospital: GLMHA Trust: FRIAM + COSPORT PT Practice: _____

Week Ending Saturday:
16 / 04 / 05

2. Pay No. 00700605202 Surname: _____ Forename: _____
Code A

3. ACTUAL HOURS WORKED								8. AUTHORISATION				
DATE	Start	Finish	4. Unpaid Breaks		5. Hours Worked		6. Grade	7. State F,P or G	Authorised Signature	Print Name	Date	9. Request Number
			Hrs	Min	Hrs	Min						
<u>19/4/05</u> SUN	<u>1331</u>	<u>2030</u>			<u>7</u>		<u>D</u>	<u>G</u>	Code A	<u>LEENA VARGHESE</u>	<u>10.04.05</u>	<u>1192715</u>
MON												
TUE												
WED												
THU												
FRI												
SAT												

Total Hours: 7

10. Authorising Person confirming Total Hours in words Seven 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.