

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: GWM Trust: F+G PCT Practice: Rehabilitation

Week Ending Saturday:  
26 / 03 / 05

2. Pay No. 002001-618001 Surname: Code A Forenames: 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						
SUN												
MON												
TUE												
WED												
THU												
25/3 FRI	0730	1330	-	-	6	-	A	G	<u>Code A</u>	<u>M. OSBORNE</u>	<u>17</u>	<u>1164741</u>
26/3 SAT	0730	1330	-	-	6	-	A	G	<u>Code A</u>	<u>M. OSBORNE</u>		<u>1164745</u>

Total Hours: 12

10. Authorising Person confirming Total Hours in words

**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