

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: 1 Hospital: QWMMH Trust: F+G PCT Practice: Stroke Rehabilitation

Week Ending Saturday:

2. Pay No. 007001-618001 Surname: [Redacted] Forenames: [Redacted]

12 / 03 / 05

3. ACTUAL		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												
<u>7/3</u> MON	<u>1300</u>	<u>2030</u>	<u>-</u>	<u>30</u>	<u>8</u>	<u>00</u>	<u>A</u>	<u>G</u>	<u>[Redacted]</u>	<u>Fritzie Pearl Ibanez</u>	<u>7-03-05</u>	<u>1114018</u>
TUE												
WED												
THU												
FRI												
SAT												

Total Hours: 8

10. Authorising Person confirming Total Hours in words Eight 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: [Redacted]

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