

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: G.W.M.H. Trust: F&G PCT Practice: _____

Week Ending Saturday:
5 / 12 / 05

2. Pay No. _____ Surname: Taullbut Forenames: Sharon Angela

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						
SUN												105 05 28
MON												
TUE												
WED												
THU												
FRI												
SAT	7.30	13.30			6				Code A RN.	FRANCES RYAN	5/2/05	

Total Hours: 6

10. Authorising Person confirming Total Hours in words Six 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.