

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: G&F PCT. Practice: _____

Week Ending Saturday:
2 / 1 / 05.

2. Pay No. 007001600978 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						
<u>2/1/05</u>	<u>SUN</u>	<u>1330</u>	<u>2030</u>		<u>7</u>		<u>A</u>		Code A	<u>GARFIELD GODWIN</u>	<u>2/1/05</u>	<u>965233</u>
	<u>MON</u>											
	<u>TUE</u>											
	<u>WED</u>											
	<u>THU</u>											
	<u>FRI</u>											
	<u>SAT</u>											

Total Hours: 7 hours.

10. Authorising Person confirming Total Hours in words SEVEN HOURS ON 2/1/05.

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/QUITS 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