

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: _____ Practice: _____

Week Ending Saturday:
30/10 - /04

2. Pay No. 007 Surname: Code A Forenames: Code A
001/601564

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>24/10/04</u> SUN	<u>07:30</u>	<u>13:30</u>			<u>6</u>		<u>A</u>		<u>Code A</u>	<u>LYNN IRVINE</u>	<u>24.10.04</u>	<u>823755</u>
MON												
TUE												
WED												
THU												
FRI												
SAT												

Total Hours: 6HRS

10. Authorising Person confirming Total Hours in words SIX HOURS IN TOTAL Code A

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.