

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: GOSPORT WAL MEMORIAL Trust: F&G ACT. Practice: _____

Week Ending Saturday:

2. Pay No. NEW STARTER Surname: CHAPPENDEN Forenames: PATRICIA

18 / 09 / 2004.

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						
<u>12/9/04</u>	<u>SUN</u>	<u>20¹⁵</u>	<u>07⁴⁵</u>	<u>1</u>	<u>30</u>	<u>10</u>	<u>00</u>	<u>D</u>	Code A	<u>E. J. BELL</u>	<u>13/9/04</u>	<u>728335</u>
	<u>MON</u>											
	<u>TUE</u>											
	<u>WED</u>											
	<u>THU</u>											
	<u>FRI</u>											
	<u>SAT</u>											

Total Hours: 10 HRS

10. Authorising Person confirming Total Hours in words Ten 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.