

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: GwmH EGRET Trust: \_\_\_\_\_ Practice: \_\_\_\_\_

Week Ending Saturday:  
18 / 9 / 04

2. Pay No. 001001619548 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>12/9</u> SUN	<u>13:00</u>	<u>20:30</u>	<u>—</u>	<u>—</u>	<u>7</u>	<u>30</u>	<u>A</u>	<u>G</u>	<u>Code A</u>	<u>V. WELLSGREEN</u>	<u>12/9/04</u>	<u>726467</u>
<u>13/9</u> MON	<u>07:30</u>	<u>20:30</u>	<u>—</u>	<u>—</u>	<u>12</u>	<u>—</u>	<u>A</u>	<u>G</u>	<u>Code A</u>	<u>H G ROSSELL</u>	<u>13/9/04</u>	<u>728341</u> <u>728347</u>
TUE												
WED												
THU												
FRI												
SAT												

Total Hours: 19 1/2

10. Authorising Person confirming Total Hours in words NINETEEN AND A HALF 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.