

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 Trust: FGPCT Practice: _____

Week Ending Saturday:
11 / 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						
SUN												
MON												
TUE												
8/9 WED	13:00	20:30	-		7	30	A	G	Code A	V. WELLSGREEN	8/9/04	728232
9/9 THU	13:30	20:30	-		7		A	G	Code A	V. WELLSGREEN	9/9/04	726439
FRI									Code A			
11/9 SAT	7:30	13:30	-		6		A	G	Code A	V. WELLSGREEN	11/9/04	726448

Total Hours: 21 1/2

10. Authorising Person confirming Total Hours in words _____

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.