

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: GUMH Trust: _____ Practice: _____

Week Ending Saturday:
04 / 09 / 04

2. Pay No. _____ 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												
<u>31st</u> TUE	<u>0730</u>	<u>1330</u>			<u>6</u>		<u>A</u>	<u>Code A</u>	<u>1 SUMITHA THOMAS</u>	<u>31/8/04</u>	<u>699031</u>	
WED												
THU												
FRI												
SAT												

Total Hours: _____

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.