

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: W.M. Gosport Trust: Practice:

Week Ending Saturday:
08 / 08 / 04

2. Pay No. Surname: Forenames:

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												
WED												
THU												
<u>30/7/04</u> FRI	<u>14.15</u>	<u>20.30</u>			<u>30</u>	<u>5</u>	<u>45</u>	<u>A</u>	<u> </u>	<u>L BARRITT</u>	<u>30/7/04</u>	<u>632222</u>
SAT												

Code A

Total Hours: 5:45

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** 31/7/04

Data Input Clerks are instructed to return any Timesheets which are not completed and authorised correctly.