

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: war memorial Trust: Fareham & Gosport Practice: \_\_\_\_\_

Week Ending Saturday:  
7 / 8 / 04

2. Pay No. 007001/601112 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												
<u>2/8/04</u> MON	<u>14.15</u>	<u>20.30</u> <del>20.45</del>	<u>1/2</u>		<u>5</u>	<u>3/4</u>	<u>A</u>		<b>Code A</b> <u>H.T. Rossiter</u>		<u>2/8/04</u>	<u>632225</u>
TUE												
WED												
THU												
FRI												
SAT												

Total Hours: 5 3/4

10. Authorising Person confirming Total Hours in words FIVE HOURS AND THREE QUARTERS

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.

WHITE COPY - NHS PROFESSIONALS  
YELLOW COPY - WARD/DEPT.  
BLUE COPY - NURSE

General Enquiries: 01489 772422  
Tax/Pension Enquiries: 02392 894340

PLEASE SEE TIMESHEET COMPLETION NOTES OVERLEAF