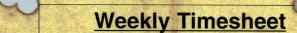
If You Suspect Any Fraud Please Contact The NHS Fraud Line on: 08702 400 100



Please use a separate Timesheet for each ward worked on



1. Ward:	rya	Unit: Hospital: war Trust: Fareham memorial & Gosport										Practice: Week Ending Saturday:					
2. Pay No.			Surname:			Code A				r Co	ode A				7	18	104
		3.	ACTUAL	HOUR	s wo	WORKED							8. AUTHORISATION				
DATE		Start	Finish Bro		I. Jnpaid Breaks Hrs Min		5. Hours Worked		7. State F,P or G	Autho	Authorised Signature		Print Name			Date	9. Request Number
7	SUN														1		
2/8/04	MON	14:15	20.30	七		5	3	A		Co	ode A	Δ	HJR	osstre		2/8/04	632225
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Total Ho	Total Hours:													DTUREE		(1.15) (2.15) - 1.15 (1.15)	
11. Com													RMATION I HAVI	BAR WAY, HEDG E GIVEN ON THIS F HE HOURS/SHIFTS	FORM IS CO	DRRECT AND CO	MPLETE

12. Members Signature:

WHITE COPY – NHS PROFESSIONALS YELLOW COPY – WARD/DEPT. BLUE COPY – NURSE General Enquiries: 01489 772422 Tax/Pension Enquiries: 02392 894340 Code A

Data Input Clerks are memoried to return any rimesneed winter are not completed and authorised correctly.