

Marking Instructions

Using black or blue ink, please write CLEARLY CAREFULLY inside the boxes using BLOCK CAPITALS, like this

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0



The British Nursing Association

C9020261



Client / Hospital

G O S P O R T W A R M E M O R I A L

Surname:

Code A

Forenames:

Member / Payroll No:

6147798

Home Post Code:

SO15

Code A

Ward / Unit

S U L T A N

Qualification:

Only Use One Qualification Relevant to Work

Client / Hospital Address

G T O S P O R T

Client internal Timesheet No:

Shift Code: 1 = General 2 = Geriatric 3 = Psychiatric 4 = Specialist 5 = Sleeper Shift 6 = On Call Shift 7 = Call-Out 8 = Sitter Shift 9 = Acute & Primary 0 = Acute Child Specialist A = ICU B = Renal C = Midwifery In Charge  Y  N

Day Date Year Hours Worked Start 24hr Clock Finish Meal Break Start 24hr Clock Finish Meal Break Hrs Mins Total Hours Claimed Grade Shift Codes See Above Booking Reference Number Ward Signature Financial Code (Client use only) or Ward Stamp

Table with columns for Day, Date, Year, Hours Worked, Meal Break, Total Hours Claimed, Grade, Shift Codes, Booking Reference Number, Ward Signature, and Financial Code. Row 1 contains handwritten data: 180605, 2015-07, 15-07, 15, 0130-0300, 0130, 1000, A, 1348468, Code A.

Total Miles Total Claimed £ Expenses Claimed £ Hours Minutes Total Hours Claimed 1000

It is the responsibility of the Member to ensure this timesheet is correct and complete before leaving the client. Timesheets must be submitted within two weeks of completing shift.

Agency Member Signature Code A

CLIENT AUTHORISATION (MUST BE COMPLETED)

TOTAL HOURS TO BE PAID - IN WORDS (To be completed by Client only) - DO NOT USE HYPHENS BETWEEN WORDS

HOURS T E N MINUTES

Please give your comments including the persons clinical performance during the shift(s)

Please (v)  Very Satisfactory  Satisfactory  Unsatisfactory

If unsatisfactory, please contact the local branch to discuss training needs.

Date: 19 6 05

Name: VALERIE WEBB

Position: SSN

Signature: Code A

- Please Check the Following 1. The shift details claimed on this timesheet are correct. 2. The total hours claimed are correct and the breakdown of those hours are correct. 3. Do you need an internal timesheet? YES. 4. Your timesheet has been signed by an authorised person in the Client Authorisation box. 5. You have stated the ward/unit worked on.

Client Copy