

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: SULTAN Unit: _____ Hospital: GOSPORT MAR MEDICAL Trust: FARHAM, GOSPORT Practice: _____

Week Ending Saturday:
28 / 05 / 05

2. Pay No. 1st shift Surname: _____ Forenames: _____
NEW HANOVERS **Code A** **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												
TUE												
WED												
THU												
FRI												
<u>28th</u> SAT	<u>2015 07:45</u>						<u>A G</u>	Code A	<u>VAL WEBB</u>		<u>28/5/05</u>	<u>1291922</u>

Total Hours: 10

10. Authorising Person confirming Total Hours in words TEN HOURS

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.