Time Sheet

No. F 66201



Please use a separate Time Sheet for each client. Write in ballpoint using block capitals.

Date Start time Break Day Night On Call Client signature Surname Code A Payroll number Client name Out TAN ORD Unit/Department Out TUE BUPA client number Member/Locum signature Code A Date 2 7 0 2 0 5 This time sheet must be completed each week. The top, blue and green copies must be sent to the branch by first class poot, as soon as good good, as soon as Good, as Good, as Good, as Good, as good as Good, as	First name(s) Code A		Use 24 hr clock			Actual Hours worked			
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Top copy: Accounts copy Blue copy: Confirmation copy Green copy: Branch copy Pink copy: Client copy Yellow copy: Member/Locum copy © BUPA Healthcare Professionals HTIME 4/02