

Marking Instructions

Using black or blue ink, please write CLEARLY and 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

C7998744



Client / Hospital

G W N H

Surname: M C P H I C C I S

Forenames: M A R Y

Member / Payroll No: 6 2 1 0 3 4 1

Home Post Code: P O 1 2 1 F R

Ward / Unit

D K Y A D

Qualification: RGN

Only Use One Qualification Relevant to Work

Client / Hospital Address

9 0 5 1 0 0 1

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 Month	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
3	10	05	07	00	00	00	3	D	01	1299341	
3	10	05	07	00	30	1000	D	01	1299341	Code A	

Total Miles: Expenses Claimed £: Total Hours Claimed:

* 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: TEN HOURS ONLY
MINUTES: TWENTY MINUTES

Please give your comments including the persons clinical performance during the shift(s)
Please (✓) Very Satisfactory Satisfactory Unsatisfactory
If unsatisfactory, please contact the local branch to discuss training needs.

Date: 3 1 0 5 0 5
Name: L.V. MAW
Position: SSN
Signature: Code A

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

Member Copy