

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: DAEDALUS Unit: _____ Hospital: GWMH Trust: F&G Practice: _____

Week Ending Saturday:

2. Pay No. 001001 620591 Surname: **Code A** Forenames: **Code A**

07/05/05

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						
<u>15/05</u> SUN	<u>2015 0745</u>	<u>1 30</u>	<u>10</u>	<u>00</u>	<u>A</u>	<u>G</u>	Code A	<u>E THORN</u>	<u>2/5/05</u>	<u>1235183</u>		
MON												
TUE												
WED												
THU												
FRI												
SAT												

Total Hours: 10

10. Authorising Person confirming Total Hours in words TEN

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: _____

Data Input Clerks are instructed to return any Timesheets which are not completed and authorised correctly.

WHITE COPY - NHS PROFESSIONALS
YELLOW COPY - WARD/DEPT.
BLUE COPY - NURSE

General Enquiries: 01489 772400
Timesheet Enquiries: 01489 772422
Tax/Pension Enquiries: 02392 894340

PLEASE SEE TIMESHEET COMPLETION NOTES OVERLEAF