

TIMESHEET

FOR COMPLETION BY BANK MEMBER

Please complete one timesheet for each ward worked using black pen and block capitals as per example. Altered/amended shifts will be rejected.

Forename(s): ROSALIND MARY
 Surname: MUMODAWAFA
 Payroll number: 001001619513 If you hold a substantive post in a NHS organisation please state your contracted hours
 Trust: FAREHAM AND GOSPORT TRUST
 Hospital/Location: GOSPORT WAR MEMORIAL HOSPITAL
 Ward/Dept: DAEDALUS WARD

Date received stamp:

Send to: NHS Professionals
 Berrywood Business Village
 Tollbar Way, Hedge End
 Southampton, SO30 2UN



For payroll queries call: 02380 748313

03

Copies: WHITE/NHS Professionals - GREEN/Bank Member - BLUE/Trust/Ward
 It is recommended best financial practice for the Authoriser to send the White Copy to NHS Professionals

FOR COMPLETION BY THE AUTHORISED WARD/DEPARTMENT SIGNATORY

I am an authorised signatory for my ward/department. I declare that the grade and shift(s) that I have authorised are accurate and I approve payment. I understand that if I give false information on this form action may be taken against me.

Booking reference	Shift date	Shift start time (24 hours)	Shift end time (24 hours)	Less total break time (hours:minutes)	Total hours worked (hours:minutes)
9900123 <small>Example</small>	10/06/04	09:00	18:30	01:20	08:10
		Total hours worked in long hand		EIGHT HOURS AND TEN MINUTES	
1235181	30/04/05	20:15	07:45	01:00	10:30
		Total hours worked in long hand		TEN HOURS THIRTY MINUTES	
	/ /	:	:	:	:
		Total hours worked in long hand			
	/ /	:	:	:	:
		Total hours worked in long hand			
	/ /	:	:	:	:
		Total hours worked in long hand			
	/ /	:	:	:	:
		Total hours worked in long hand			

Grade Worked	Initial(s) and surname of Authoriser
A	J BROWN
Authorised Signature	Jane Brown Date 10/06/04
	M COUCHMAN
Authorised Signature	Code A Date 01/05/05
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Authorised Signature	Date / /
Additional Trust authorisation (optional according to Trust authorisation policy)	
Authorised Signature	Date / /

I declare that the information I have given on this form is correct and complete. I understand that if I provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I consent to this being used for enquiries in relation to the prevention, detection and investigation of fraud.

10:30
Total hours

Bank Member Signature:

Code A

Date:

1/05/05

Any questionable timesheet must be immediately brought to the attention of your local Counter Fraud Specialist. Should you wish to report any case of fraud please contact, in confidence, the NHS Fraud Reporting Line on 08702 400 100