

# TIMESHEET

FOR COMPLETION BY BANK MEMBER

Date received stamp:

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): **AMANDA**

Surname: **BROUGHTON**

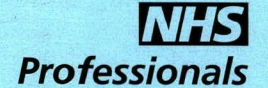
Payroll number: **007001600978** If you hold a substantive post in a NHS organisation please state your contracted hours

Trust:

Hospital/Location: **GOSPORT WAR MEMORIAL HOSPITAL**

Ward/Dept: **DAEDALUS**

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 Authorisor 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 <i>Example</i>	10/06/04	09:00	18:30	01:20	08:10	
		Total hours worked in long hand				EIGHT HOURS AND TEN MINUTES
1235186	30/04/05	07:30	13:30		06:00	
		Total hours worked in long hand				SIX hours
/ /	/ /	:	:	:	:	
		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
Authorised Signature	Code A	
	Date	30/04/05
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.

Total hours

Bank Member Signature:

**Code A**

Date:

30/4/05

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