

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: DEADALUS Unit: _____ Hospital: GOSPORT WAR MEMORIAL Trust: FAREHAM Practice: _____

Week Ending Saturday:
30 / 104 / 105

2. Pay No. _____ Surname: Code A Forenames: Code A

DATE	3. ACTUAL HOURS WORKED						8. AUTHORISATION			9. Request Number		
	Start	Finish	4. Unpaid Breaks		5. Hours Worked		6. Grade	7. State F,P or G	Authorised Signature		Print Name	Date
			Hrs	Min	Hrs	Min						
SUN	7:30	13:30			5	00	A	G	<u>Code A</u>	<u>MGT BAKER</u>	<u>24/4/05</u>	<u>1221266</u>
MON												
TUE												
WED												
THU												
FRI												
SAT	7:30	13:30			5	00	A	G	<u>Code A</u>	<u>MGT BAKER</u>		<u>1221266</u>

Total Hours: 6 hrs

10. Authorising Person confirming Total Hours in words SIX HOURS

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 ON THIS TIMESHEET

12. Members Signature: Code A

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