

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: COSPORT WAR MEMORIAL Trust: FAREHAM Practice: _____

Week Ending Saturday:
30 / 04 / 05

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

3. ACTUAL HOURS WORKED								8. AUTHORISATION			9. Request Number	
DATE	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												
MON												
TUE												
WED												
THU												
FRI												
23-3-05 SAT	7:30	8:30	1	00	12	00	A	G	<u>Code A</u>	<u>MGBAKER</u>	<u>23/4/05</u>	<u>1221257</u> <u>1221274</u>

Total Hours: TWELVE HOURS

10. Authorising Person confirming Total Hours in words TWELVE 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 FOR THE HOURS/SHIFTS DETAILED ON THIS TIMESHEET

12. Members Signature: Code A

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