

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: QwmH. Trust: _____ Practice: _____

Week Ending Saturday:
09 / 04 / 05.

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

| 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 | | | | | | |
| SUN | | | | | | | | | | | | |
| MON | | | | | | | | | | | | |
| TUE | | | | | | | | | | | | |
| WED | | | | | | | | | | | | |
| <u>7/4/05</u> THU | <u>0930</u> | <u>1330</u> | <u>/</u> | <u>/</u> | <u>06</u> | <u>00</u> | <u>A</u> | <u>G.</u> | <u>Code A</u> | <u>J. CARLAW</u> | <u>284.0</u> | |
| FRI | | | | | | | | | | | | |
| SAT | | | | | | | | | | | | |

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 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