

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: REHAB Hospital: CWMH Trust: Practice:

Week Ending Saturday:  
26 / 03 / 05

2. Pay No. 002801 604941 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												
THU												
<u>25/3/05</u> FRI	<u>13<sup>00</sup></u>	<u>20<sup>30</sup></u>	<u>-</u>	<u>30</u>	<u>7</u>	<u>-</u>	<u>A</u>	<u>Code A</u>	<u>M. BAKER</u>	<u>25/3/05</u>	<u>1164714</u>	
SAT												

Total Hours: 7

10. Authorising Person confirming Total Hours in words SEVEN HOURS Code A

**THIS TIMESHEET SHOULD BE SENT WEEKLY TO: NHS PROFESSIONALS, BERRYWOOD BUSINESS VILLAGE, TOLLBAR WA 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