

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: _____ Trust: _____ Practice: _____

Week Ending Saturday:
6 / 3 / 05

2. Pay No. _____ S **Code A** Forenoon _____ **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						
<u>6th March</u> SUN	<u>2045</u>	<u>00.00</u>					<u>D</u>	<u>G</u>	Code A	<u>EATHORN</u>	<u>6/3/05</u>	<u>1114004</u>
MON												
TUE												
WED												
THU												
FRI												
SAT												

Total Hours: 3 1/4

10. Authorising Person confirming Total Hours in words three hours and three quarters

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 Signat **Code A**
Data Input clerks are instructed to return any Timesheets which are not completed and authorised correctly.