SOH502153-0001

Time Sheet

No. F 59533



Please use a separate Time Sheet for each client. Write in ballpoint using block capitals.

| Branch number Checked by | | | | | | | | |
|---|----------------------------------|-----------------|--|-------------------|------------------------|------------|--|--|
| 0 | | Use 24 hr clock | | | Actual Hours worked | | | |
| First name(s) | Date | Start time | Finish time | D 1 | Day | Night | On Call hours | Client signature |
| Surname Lae.D | MON | | | | | | | |
| Payroll number MIFIIII9 | | | 1 | | | | | |
| | BOOKING REFERENCE | 14/ | / | | | | | |
| Client name | TUE | X | | / | 1000 A | | 7 | |
| Unit/Department DAUMLUS WORD | | 1 | | | No. | / | | |
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| Assignment Grade | THU | - | | | | 1 | | |
| BUPA client number | BOOKING REFERENCE | | X | | | | | 1 |
| Member/Locum signature | FRI | 20/15 | 67145 | | | | | Code A |
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| | BOOKING REFERENCE | 1882 | 2081 | | | | Sec. | mail |
| Date 1199205 | SAT | | | | | | | 1 |
| This time sheet must be completed each week. | DOOVING | 1 | <u> </u> | | C. C. C. C. | - Aller | 1 | 1 |
| The top, blue and green copies must be sent to the branch by first class post, as soon as your work for the week is completed and in any event | BOOKING REFERENCE | */ | | / | | | - | 1 |
| no later than Tuesday. Doctors 9.00am | SUN | 1 | | - | A CONTRACT | / | 1 | |
| Nurses 12.00 noon | BOOKING | | | | | | | 1 |
| ure will result in a delay of payment of fees. | REFERENCE | - | 1 State | | - Ann | 1 | 10.00 | A state of the sta |
| | Alter and a second second second | | A CANADA SAME A SAME A CANADA A CANADA | 1 (| rds) | NI | 11 S | Contraction of the second |
| | Total hrs | Multiple | Hours Work | | and the second | N. I | ETTAT | CA |
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| I hereby certify that the hours shown are correct and that the work p I also confirm my acceptance of the terms and conditions of busin | Weekday Weekend | satisfactory an | Name of au Signed Designation Dated nd I understan | thorised s Coc | ignatory le A | | | |
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| I hereby certify that the hours shown are correct and that the work p I also confirm my acceptance of the terms and conditions of busin Pay/charge instructions (Branch use only) | Weekday Weekend | satisfactory an | Name of au Signed Designation Dated nd I understan | thorised s Coc | ignatory le A | | | |
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Top copy: Accounts copy
Blue copy: Confirmation copy
Green copy: Branch copy
Pink copy: Client copy
Yellow copy: Member/Locum copy

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