

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: G.W.M.H. Trust: _____ Practice: _____

Week Ending Saturday:

2. Pay No. New Starter Surname: **Code A** Forenames: **Code A**

26 / 9 / 04

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												
<u>20/9/04</u> MON	<u>1:30</u>	<u>8:30</u>			<u>7</u>	<u>0</u>	<u>A</u>		<u>M. BAKER</u>	<u>M. BAKER</u>	<u>20/9/04</u>	<u>741991</u>
<u>21/9/04</u> TUE	<u>3:00</u>	<u>8:30</u>			<u>5</u>	<u>0</u>	<u>A</u>		<u>L. IRVINE</u>	<u>L. IRVINE</u>	<u>21/9/04</u>	<u>757235</u>
WED												
THU												
FRI												
SAT												

Code A

Total Hours: 12 hours

10. Authorising Person confirming Total Hours in words TWELVE

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/NETS DETAILLED ON THIS TIMESHEET

12. Members Signature: **Code A**

Data Input Clerks are instructed to return any timesheets which are not completed and authorised correctly.