

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: Gwm Trust: _____ Practice: G.

Week Ending Saturday:

18 / 09 / 04

2. Pay No. 001001600102 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												
15/09 WED	2015 0745		1	00	10	30	A	G	<u>Code A</u>	<u>N. LETLATSA</u>	<u>16/09/04</u>	<u>746118</u>
THU												
FRI												
SAT												

Total Hours: 10 1/2 hrs

10. Authorising Person confirming Total Hours in words Ten & Half 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.