

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: Garham B Gosport Practice: _____

Week Ending Saturday:
14 / 08 / 04

2. Pay No. 007001 600982 Surname: **Code A** Forename: **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>8/8/04</u> SUN	<u>20:15</u>	<u>07:45</u>	<u>1</u>	<u>30</u>	<u>10</u>		<u>A</u>	<u>G</u>	Code A	<u>ST NELSON</u>	<u>08.08.04</u>	<u>659149</u>
<u>9/8/04</u> MON	<u>20:15</u>	<u>07:45</u>	<u>1</u>	<u>30</u>	<u>10</u>		<u>A</u>	<u>G</u>		<u>E. A. THORN</u>	<u>9th 8-04</u>	<u>659007</u>
TUE												
<u>11/8/04</u> WED	<u>20:15</u>	<u>07:45</u>	<u>1</u>	<u>30</u>	<u>10</u>		<u>A</u>	<u>G</u>		<u>C.J. MARJOM.</u>	<u>11.8.04.</u>	<u>659008</u>
THU												
FRI												
SAT												

Total Hours: 30

10. Authorising Person confirming Total Hours in words Thirty hours.

Code A

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.