

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

Week Ending Saturday:

14 / 08 / 2004

1. Ward: **DAEDALUS** Unit: Hospital: **GOSPORT WAR MEMORIAL** Trust: **FAREHAM & GOSPORT P.C.T.** Practice:

2. Pay No. **NEW STARTER** 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												
11/8/04 WED	13-00	20-30	-	15	7-15		A	G	Code A	MARUTY ILABAN	11/8/04	661531
THU												
FRI												
SAT												

Total Hours: **7 hrs 15 mins**

10. Authorising Person confirming Total Hours in words **Seven hours and fifteen minutes**

THIS TIMESHEET SHOULD BE SENT WEEKLY TO: NHS PROFESSIONALS, BERRYWOOD BUSINESS VILLAGE, TOLLBAR WAY, HEDGE END, HANTS, SO30

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 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.