

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: DePalms Unit: _____ Hospital: G.O.M.H Trust: fareham & gosport Practice: _____

Week Ending Saturday:
31 / 7 / 04

2. Pay No. 007001600982 Surname: _____ Forenames: _____
Code A **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													
26/7/04 26/7/04	7:30 15:30	12:50 20:30			5	5	A	G	Code A	BIJI JOSEPH	26-7-04	570991	
27/7/04	7:30	15:30			6		A	G		JARVIS	27-7-04	574313	
28/7/04	7:30	13:30			6		A	G		JARVIS	28-7-04	640090	
29/7/04	13:00	20:30	15		7	15	A	G		M G BAKER	29-7-04	640091	
FRI													
31/7/04 31/7/04	7:30 15:30	12:50 20:30			5	5	A	G		M G BAKER	31/7/04	574320	

Total Hours: 39.15

10. Authorising Person confirming Total Hours in words THIRTY NINE HOURS FIFTEEN MINUTES **Code A**

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.

WHITE COPY - NHS PROFESSIONALS
YELLOW COPY - WARD/DEPT.
BLUE COPY - NURSE

General Enquiries: 01489 772422
Tax/Pension Enquiries: 02392 894340

PLEASE SEE TIMESHEET COMPLETION NOTES OVERLEAF