

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: DAE0ALUS Unit: _____ Hospital: G W M H Trust: Frankham B Gosport Practice: _____

Week Ending Saturday:
10 / 07 / 04

2. Pay No. 007001 600892 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						
<u>4/7/04</u> SUN	<u>7:30</u>	<u>13:30</u>			<u>6</u>		<u>A</u>	<u>G</u>	Code A	<u>Rowena Villar</u>	<u>4/7/04</u>	<u>54339</u>
<u>5/7/04</u> MON	<u>15:30</u>	<u>20:30</u>			<u>5</u>		<u>A</u>	<u>G</u>		<u>Rowena Villar</u>	<u>5/7/04</u>	<u>560000</u>
<u>6/7/04</u> TUE	<u>7:30</u> <u>15:30</u>	<u>12:30</u> <u>20:30</u>	<u>2</u>		<u>5</u> <u>5</u>		<u>A</u> <u>G</u>	<u>G</u>		<u>MARUJA ILABAN</u>	<u>6/7/04</u>	<u>560099</u>
WED												
<u>8/7/04</u> THU	<u>7:30</u>	<u>13:30</u>			<u>6</u>		<u>A</u>	<u>G</u>		<u>Jo Donaldson</u>	<u>8-7-4</u>	<u>56002</u>
FRI												
SAT												

Total Hours: 27

10. Authorising Person confirming Total Hours in words: TWENTY SEVEN HOURS Code A

THIS TIMESHEET SHOULD BE SENT WEEKLY TO: NHS PROFESSIONALS, BERRYWOOD BUSINESS VILLAGE, TOLLBAR WAY, HEDGE END, HANTS, SO50 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: _____
Data Input Clerks are instructed to return any Timesheets which are not completed and authorised correctly.