

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: DaeOalus Unit: 11 ward Hospital: F W m H Trust: fareham & gosport Practice:

Week Ending Saturday:
19 / 06 / 04

2. Pay No. 007001 600982 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												
<u>14/6/04</u> MON	<u>15:30</u>	<u>20:30</u>			<u>5</u>		<u>A</u>	<u>G</u>	Code A	<u>M G BAKER</u>	<u>14/6/04</u>	<u>522969</u>
TUE												
WED												
THU												
FRI												
<u>19/6/04</u> SAT	<u>15:30</u>	<u>20:30</u>			<u>5</u>		<u>A</u>	<u>G</u>	Code A	<u>M. G BAKER</u>	<u>19/06/04</u>	<u>536437</u>

Total Hours: 10

10. Authorising Person confirming Total Hours in words TEN HOURS **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 Clerk: _____ to return any Timesheets which are not completed and authorised correctly.