

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: Doedalu Unit: _____ Hospital: Gwm H Trust: fareham B Gosport Practice: _____

Week Ending Saturday:
12 / 06 / 04

2. Pay No. 007001 608982 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							
6/6/04	SUN	13:00	20:30			15	7	15	A	G	<h1>Code A</h1>			
7/6/04	MON	7:30	12:30			5			A	G				
		13:30	20:30			5			A	G				
8/6/04	TUE	7:30	14:00			6	30		A	G				
9/6/04	WED	7:30	13:30			6			A	G				
10/6/04	THU	7:30	12:30			5			A	G				
		15:30	20:30			5			A	G				
	FRI													
12/6/04	SAT	7:30	12:30			5			A	G				
		15:30	20:30			5			A	G				

Total Hours: 49-45 mins

10. Authorising Person confirming Total Hours in words Forty nine hours forty five 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 Clerk: _____
Please 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