

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: DAEDALUS Unit: _____ Hospital: GOSPORT WAR MEMORIAL Trust: FAREHAM & GOSPORT P.C.T Practice: _____

Week Ending Saturday:

29 / 05 / 2004

2. Pay No. NEW MEMBER Surname: Code A Forenames: Code A

DATE	3. ACTUAL HOURS WORKED						8. AUTHORISATION			9. Request Number		
	Start	Finish	4. Unpaid Breaks		5. Hours Worked		6. Grade	7. State F,P or G	Authorised Signature		Print Name	Date
			Hrs	Min	Hrs	Min						
- SUN	-	-							<u>LT Woods</u>			
<u>24.5.04</u> MON	<u>13:00</u>	<u>20:30</u>	<u>0</u>	<u>15</u>	<u>7</u>	<u>15</u>	<u>A</u>	<u>Sen.</u>	<u>LT Woods</u>	<u>LT Woods</u>	<u>24/5/04</u>	<u>482241</u>
TUE												
WED												
THU												
FRI												
SAT												

Code A

Total Hours: 7hrs 15min 10. Authorising Person confirming Total Hours in words Seven hours & fifteen min. **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