## SOH502217-0001

CREDIT CONTROL: 0845 120 5335	THORNE rsing Ser MAIL: payro	vices	3		VA	Licensed for Social TEXE	Čare Inspe	TIME SHEET		
Name and Address of Client GOSPORT WAR MEMORIAL	Quals. Worked RGN	(Tick Below)				Cli	ent Signat	ure Code A		
Ward or Unit DAE Dalus	RSCN RMN/RNMH MIDWIFE		PIN PIN PIN			Da	te te work de tisfaction.	ME		
Name of Nurse Code A	EMN/ENMH E/N		PIN PIN				Expenses			
TNS Nurse Number T 2811	AUX ON CALL	V	SITTER				-	hich journey started SouthSEA ISMOUTH		
DAY DATE 24hr clock	Ar 30		ak (MINS)	B	FOR OFFICI P1	E USE ONLY P2	BH	PLEASE NOTE: - BREAKS Unless otherwise stated on this timesheet, for shifts up to 6 hours in length no break is deducted. For shifts of 6-6½/hrs, 15 minutes. For shifts 6½-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr. Or as agreed between Agency and Client.		
NURSES: All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Top 2 copies to be returned to office, leave back copy with client. Thornbury Nursing Services Ltd. Company Number 0444 2573					e's <u>Siar</u>	_	d	eA		