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National Care Standards Commission

TIME SHEET

VAT EXEMPT  
NO VAT

No. 470537

Name and Address of Client <i>GOSPORT WALL MEMORIAL HOSPITAL</i>	Quals. Worked	(Tick Below)	Client Initial here if booked at specialist rates	<input type="text"/>	Client Signature ..... <b>Code A</b>	
	RGN		PIN			PRINTED NAME ..... <i>S. NELSON</i>
	RSCN		PIN			
Ward or Unit <i>DAEDALUS</i>	RMN		PIN		Date ..... <i>08/04/04</i>	
	RNMH		PIN		The work described below has been carried out to my satisfaction. Start time and finish time were as noted below.	
Name of Nurse <b>Code A</b>	EMN		PIN		Expenses  ..... <i>90</i> miles	
	E/N		PIN			
TNS Nurse Number <i>T2502</i>	NVQ				Area in which Nurse lives <i>SALISBURY WILTSHIRE</i>	
	AUX	<input checked="" type="checkbox"/>				

DAY	DATE	START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONLY			
					B	P <sub>1</sub>	P <sub>2</sub>	BH
<i>SUNDAY</i>	<i>8/8/04</i>	<i>2015</i>	<i>0745</i>	<i>90</i>				
NOTES					Nurse's Signature <b>Code A</b>			

**PLEASE NOTE: - BREAKS**  
For shifts up to 6 hours in length no break is deducted. For shifts of 6-6½hrs, 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. All calculations to the nearest 5(five) minutes.

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