

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

5 / 3 / 95

- White - Head Office copy
- Pink - Nurse's copy
- Yellow - Client's copy

For H.O. use only

CLIENT

Address

HOSPITAL WAR Memorial

Ward Name DEYAR WARD
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H / F22

Name **Code A**

grade PAYABLE Auxiliary

Please ensure:

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy.

IF SOCIAL SERVICE DUTY

TICK

REF

| EACH LINE to end of night duty | FROM HRS 00.00 | TO HRS 00.00 | Time taken for meals | HOURS ACTUALLY WORKED | | | | | | TRAVEL Daily mileage | EXTRAS e.g. NIGHT CALLS, TRAVEL ON CLIENT BUSINESS ETC. |
|--------------------------------|-----------------------------|--------------|----------------------|-----------------------|-----|-----|-------|-----|-----|----------------------|---|
| | | | | DAY | | | NIGHT | | | | |
| | | | | W/D | W/E | P/H | W/D | W/E | P/H | | |
| MON | | | | | | | | | | | |
| TUES | | | | | | | | | | | |
| WED | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| FRI | <u>2 pm</u> | <u>8 pm</u> | | <u>6</u> | | | | | | | |
| SAT | | | | | | | | | | | |
| end of night duty | I certify that the total of | | | | | | | | | hours have been | |

satisfactorily worked and that payment will be made in respect of these according to your terms and conditions received and accept as the basis of the transaction.

Signature (Client please)

Code A

Date

3.3.95

Position

S/D



We pay our members weekly.
Please be prompt with your settlement of the account
I.C.N.S.
90 High Street
Burnham
Bucks SL1 7TD
Tel: Burnham (01628) 665271

Please tick if you require:

- Timesheets
- Address labels