

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET
 W/E Sunday 15/12/96

41331

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

CLIENT Daedalus Ward
 Address Ruby Road / Arms Hill
Gosport, Hants.
 HOSPITAL Gosport War Memorial
 Name _____
 (If NHS circle either GER or PSY or OTHER)

For H.O. use only

NURSE Membership Number HC/422
 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 HOURS 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											
<u>13/12</u> FRI	<u>13.15</u>	<u>2030</u>	<u>—</u>	<u>7 1/4</u>							
SAT											
SUN to end of night duty											
I certify that the total of <u>7 1/4</u> hours have been											

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

Signature (Client please) **Code A** Date 13-12-96 Position STAFF NURSE



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