

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

15/12/96

40114

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

For H.O. use only

CLIENT POITINGDON HEALTHCARE

Address THE PENCLYFFE HOUSE

THE AVONDALE AVENUE, GERRIT

HOSPITAL

Ward Name PENCLYFFE HOUSE
(If NHS circle either GER or PSY or OTHER)

NURSE

Membership Number / FH130

Name

Code A

grade PAYABLE ADJ

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 | | |
| 9.12 MON | 12.30 | 21.00 | | 8.5 | | | | | | | |
| TUES | | | | | | | | | | | |
| WED | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN to end of night duty | | | | | | | | | | | |
| I certify that the total of | | | | 8.5 | | | | | | | hours have been |

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

Signature

Code A

Date 9.12.96

Position DJ

(Client please retain yellow copy)



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