

...R-COUNTY NURSING & CARE SERVICES

TIMESHEET

44128

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

W/E Sunday 12/01/97

For H.O. use only

CLIENT PROSPECTIVE HEALTHCARE TRUST
 Address BURY ROAD
GOSPORT
HOSPITAL WAE MEMORIAL
 Ward Name MULBERRY - C
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 441/305
 Name JANE WATKINS
grade PAYABLE D
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 | | |
| 6/1 MON | 0045 | 0715 | / | | | | | | | | |
| TUES | | | | | | | | | | | |
| WED | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN to 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 of business which I have received and accept as the basis of the transaction.

Signature Code A Date 7.1.97 Position RN
 (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