

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

19/1/97

45812

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

For H.O. use only

CLIENT REDCLIFFE HOUSE

Address 63 THE AVENUE

ALVERSTONE, GOSPORT

HOSPITAL GOSPORT WARD MEMORIALS

Ward Name \_\_\_\_\_  
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HM/516

Name **Code A**

grade PAYABLE A

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                          |                |                |                      |                       |     |     |       |     |     |                      |  |
| 17/1<br>FRI                    | 7.00           | 13.30          |                      | 6 1/2                 |     |     |       |     |     |                      |  |
| SAT                            |                |                |                      |                       |     |     |       |     |     |                      |  |
| SUN to end of night duty       |                |                |                      |                       |     |     |       |     |     |                      |  |
| I certify that the total of    |                |                |                      | 6 1/2                 |     |     |       |     |     |                      | 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**  
(Client please retain yellow copy)

Date 17/1/97

Position SN



**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