

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

3/11/96

35332

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

For H.O. use only

**CLIENT** Portsmouth NHS Trust  
**Address** Gosport  
**HOSPITAL** Gosport War Memorial  
**Unit Name** Doel Cliffe AUWOK  
(If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number H1J216  
**Name:** **Code A**  
**grade PAYABLE** AUX  
**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											
FRI											
SAT	12.30	21.00	30 mins		8					ll	
SUN to end of night duty	12.30	21.00	30 mins		8						
I certify that the total of					16					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 3.11.96 Position S/N



**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