INTEF	R-COUNTY NURSING & CARE SERVICES	
W/E Sunday	IMESHEET 3 2 81 8 6 / 10 / 96 For H.O. use only	ору
Address HOSPIT	AL MURSE Membership M. MORSE NURSE Membership M. M. M. Membership M. M. M. Membership M.	
Vvard Nam	(If NHS circle either GER or PSY or OTHER) 2) the client signs below and retains yellow copy	
IF Se		
EACH LINE to end of night duty	FROM HRS 00.00 TO HOURS 00.00 Time Taken for meals HOURS ACTUALLY WORKED TRAVEL EXTRAS e.g. NIGHT CALLS W/D W/E P/H W/D W/E P/H Mileage	ENT
MON		
TUES		
2/10	14-00 21:00 - 7	
THURS		
FRI		
SAT		
SUN to end of		
night duty	I certify that the total of hours have been hours have been hours have been	
and conditions of business which I have received and accept as the basis of the transaction. Signature (Client please retain Code A pate 2 10/96 Position / Code)		
ICNS Licensed by Loca	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 al Authorities and the Department of Employment	TS 2