

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

6 / 10 / 96

31549

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

For H.O. use only

CLIENT Red Clyffe House

Address 63 The Avenue

Gosport

HOSPITAL W&A Hospital

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

NURSE Membership Number Aux 379

Name Code A

grade PAYABLE Auxiliary

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											
2/10 WED	15:45	20:00	X	4/5							
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 4/15 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 2/10/96

Position SLD



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