



Locum Time Sheet Fax hotline: 020 7993 9715

Time sheet must be received by midday MONDAY via FAX OR POST.

Full name: _____

Tel No: _____

Mobile No: _____

National insurance No: _____

Place of work: _____

Department: _____

Department Tel: _____

Grade: _____

Speciality: _____

I declare that the information on this time sheet is true. In the event of a dispute regarding claimed hours, the locum will be liable to repay any overstated amount unless the time sheet has been duly authorised by the client. Any over payments should be repaid immediately as failure to do so may result in legal proceeding.

Locum Signature

We confirm

- a) Our agreement to the terms of business.
- b) That the claimed hours are correct.

Signature of Head of Dept.

Date: _____

Full name: _____

Position: _____

	DATE D M Y	START TIME	FINISH TIME	LENGTH OF MEAL BREAK	HOURS WORKED	OVERTIME HOURS WORKED
MONDAY	: :					
TUESDAY	: :					
WEDNESDAY	: :					
THURSDAY	: :					
FRIDAY	: :					
SATURDAY	: :					
SUNDAY	: :					
PLEASE USE 24 HOUR CLOCK				Total Hours and overtime worked.		
We recommend that you retain copies of all your completed timesheets for further reference.						

Additional notes:

Booking reference:
