the LocumPractice

Time Sheet

Section 1

On completion fax to: 0208 09 03 700

Locum Name	Client Name
Speciality	Department
Grade	Reporting to
Locum No / Client No	Supervisor

Section 2

1. Standard/basic duties – enter hours worked

	DATE	START TIME	FINISH TIME	BREAK	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
				TOTALS			

2. Stand By/ on call hours

	Stand By/ on call hours				Actual Hours Worked		
	DATE	**START TIME**	**FINISH TIME**	**HOURS ON CALL TIME CALLED**	**TIME FINISHED**	**HOURS WORKED**	
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
			TOTAL			TOTAL	

Section 3 – As authorising signatory I confirm that the hours and totals given in section 2 are correct, please forward an invoice.

Authorising Signatory Name	Signed Date
JobTitle	LocumSigned Date

Our standard terms and conditions apply to this booking. Standard introductory fee will be charged if Locum is taken on full time or allowed to change agencies. See Terms & Conditions for full details.

Section 4 – TRAVEL CLAIM SECTION IMPORTANT- PLEASE READ BELOW BEFORE AUTHORISING

Only fill out this section of the form if you are authorised to sign claims for travel expenses. If you are not sure do not sign and speak to management first. If this section is signed then we will pay the Locum the amount entered and invoice the Client. **Please be certain you are authorised to sign.**

By car Petrol Claim £ or miles @ £ = £ By other means of Transport

£ means of transport Total amount claimed for travelling £

I authorise payment and invoice of the amount claimed for travelling by Locum. Signed Date

Please send Time Sheets to: The Locum Practice, Castle House, 21 Station Road, New Barnet, Herts, EN5 1PL

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