

Time Sheet

Section 1 – Please print details in block capitals.

Email on completion to timesheet@locummeds.co.uk

Candidate Details:

First Name: _____ Surname: _____

Client Details:

Name: _____ Site (if applicable): _____

Section 2 - To be completed by the Candidate

Please note that we can only accept one timesheet per week for each organisation that you work at. We advise that you have your timesheet completed on your last working day of the week (MONDAY to SUNDAY).

| | Date | Start Time | Finish Time | BREAK Start Time | BREAK Finish Time | Total Hours Worked |
|---------------|------|------------|-------------|------------------|-------------------|--------------------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Totals | | | | | | |

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to this disclosure of information from this form to and by any Locum Meds authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Section 3 - To be completed by the Client – Senior Member of Staff Authorised only

I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form and by any Locum Meds authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Locum Meds Terms of Business <http://www.locummeds.co.uk/2018-locum-meds-introduction-services-terms-conditions/> A fee will be charged (accordingly to our terms and conditions) if the Candidate is poached by the client or another agency (to work for the client) without our permission or consent.

Authorising Signatory Name

Signed

Position

Date

Address

Locum Meds, Ivecro House Suite
1,24 Station Road, Watford,
England, WD17 1ET.

Medical Locum Recruitment
Limited – t/a Locum Meds
Registered Number 10634499

Recruitment

Nurses
GPs
GP Admins
HCAs

Email & Website

info@locummeds.co.uk
www.locummeds.co.uk

Contact

Tel. 01923 594 002
Fax. 01923 750 331

