



**mediplacements**®

# Locum time Sheet

Time sheet must be completed in **BALL POINT PEN**.

Top copy to be returned to agency by midday **TUESDAY** via **FAX OR POST**.

Middle copy for your own reference.

Bottom copy for head of Department.

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

Full name: \_\_\_\_\_

Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

National insurance No: \_\_\_\_\_

Name of hospital

Department: \_\_\_\_\_

Department Tel: \_\_\_\_\_

Grade: \_\_\_\_\_

Speciality: \_\_\_\_\_

We confirm

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

Signature or head of dept

Full name: \_\_\_\_\_

Position: \_\_\_\_\_

	DATE			START TIME	FINISH TIME	LENGTH OF MEAL BREAK	HOURS WORKED
	D	M	Y				
MONDAY	:	:					
TUESDAY	:	:					
WEDNESDAY	:	:					
THURSDAY	:	:					
FRIDAY	:	:					
SATURDAY	:	:					
SUNDAY	:	:					
<b>PLEASE USE 24 HOUR CLOCK</b>						<b>TOTAL HOURS WORKED</b>	

\*Serving the world's health professionals

Recruitment House 874-880 Eastern Avenue Ilford Essex IG2 7HY  
t +44(0)20 8491 8899 f +44(0)20 8491 8999 www.mediplacements.com  
Company Registraion Number 3121326