

# Time Sheet

Section 1 – Please print details in block capitals.

Email on completion to [james@locummeds.co.uk](mailto:james@locummeds.co.uk) or fax on 01923 750331

## 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						
<b>Totals</b>						

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/2017-locum-meds-introduction-services-terms-conditions/> –A standard introductory fee will be charged if the Nurse is taken on full time or allowed to change agencies.

Authorising Signatory Name

Signed

Position

Date

### Address

Locum Meds  
34 Clarendon Road  
WD17 1AA

### Recruitment

Nurses  
GPs  
GP Admins  
HCAs

### Email & Website

[info@locummeds.co.uk](mailto:info@locummeds.co.uk)  
[www.locummeds.co.uk](http://www.locummeds.co.uk)

### Contact

Tel. 01923 594 002  
Fax. 01923 750 331



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