



# 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: \_\_\_\_\_

Email: \_\_\_\_\_

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.

**Authorised/Client Signature:**

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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

	DATE			START TIME	FINISH TIME	LENGTH OF MEAL BREAK	HOURS WORKED	OVERTIME HOURS WORKED
	D	M	Y					
MONDAY	:	:						
TUESDAY	:	:						
WEDNESDAY	:	:						
THURSDAY	:	:						
FRIDAY	:	:						
SATURDAY	:	:						
SUNDAY	:	:						
<b>PLEASE USE 24 HOUR CLOCK</b>						<b>Total Hours and overtime worked.</b>		
We recommend that you retain copies of all your completed timesheets for further reference. This timesheet must be signed by an authorised signatory in order for Just OT/Just Physio to process payment.								

**Additional notes:**

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**Booking reference:** \_\_\_\_\_

**Ability House, 121 Brooker Road, Waltham Abbey, Essex. EN9 1JH**  
**Tel: 0845 130 6130**

