Medical Staffing

GP/OUT OF HOURS – Time Sheet

Section 1

Please Fax on completion to 01582 645754

First Name																						
Surname																						
Client																						

Section 2 To be completed by the Locum Doctor

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	Hours Claimed	Site Worked At	Signature to confirm hours worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
				Total (Minus Breaks)			

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 Medical Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Medical Staffing's Terms of Business – A standard introductory fee will be charged if the doctor is taken on full time or allowed to change agencies.

Authorising Signatory Name **Signed**

Position **Date**

Fax: 01582 645 754 | **E-mail:** timesheets@medicalstaffing.co.uk

Post to: Medical Staffing Limited, Jansel House, Hitchin Road, Luton, Beds, LU2 7XH

TIMESHEET DEADLINE – SUNDAY 11.59 pm