LOCUM SELECT TIMESHEET

Please either Email, Fax or Post your time sheet by Monday 0900:
Email: timesheets@locumselect.com
Post: LOCUMSELECT Office 11 Austin Court Business Centre, 64 Walsall Road, Sutton Coldfield, B74 4QY
Telephone: 0121 308 5125
Fax number: 0121 448 3515

Section 1: Please write your first name on the top line, your surname on the second line and the Client name on the third line. E.g. Hospital name

First Name	
Surname:	
Client Name:	

Section 2: Please minus your breaks when totalling your hours worked & ensure you use the 24hr clock. If no break was taken, write 'NB' in the space provided

		ORDINARY TIME				ON CALL HOURS				
DAY	DATE	START	BREAK	FINISH	TOTAL HRS	START	FINISH	TOTAL HRS	VISITS (IF APPLICABLE)	ADMIN (IF APPLICABLE)
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
		TOTAL HRS (MINUS BREAKS)				TOTAL HRS (MINUS BREAKS)			AGREED EXPENSES:(ATTACH RECEIPTS)	

Section 3: Please ensure your timesheet is fully completed and either emailed or posted to LOCUMSELECT before Monday 0900 to secure payment on that week. Failure to do so may result in your payment being delayed and/or amended

LOCUM: 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 LOCUMSELECT Authorized body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.	Name: Speciality:	Signature: Date:
AUTHORIZED BY: (SENIOR MEMBER OF STAFF) I am an authorized 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 to and by any LOCUMSELECT authorized body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to LOCUMSELECT's Terms of Business - A standard introductory fee will be charged if the Locum is taken on full time or allowed to change agencies.	Name: Position:	Signature: Date: