

Locum Time Sheet

☐ Locum Induction Completed

Please fill in the below in BLOCK CAPITALS and use black ink. WE CANNOT ACCEPT PHOTOS.

Candidate Full Name:	
Job Title:	Band:
Hospital Name:	Department:

	DATE	START TIME	FINISH TIME	LENGTH OF BREAK	HOURS WORKED	OVERTIME	REF. No. /P.O. No.
MON	: :						
TUE	: :						
WED	: :						
THU	: :						
FRI	: :						
SAT	: :						
SUN	: :						
PLEASE USE 24 HOUR CLOCK					TOTAL HRS	TOTAL O/T	GRAND TOTAL HRS
To ensure payment, this timesheet must be received no later than 9am every Tuesday. We recommend that you keep a copy of all completed timesheets for reference.							

CANDIDATE I declare that the information on this timesheet is accurate and correct. If there is a dispute regarding the hours claimed above, the locum is liable to repay any extra hours unless they have been duly authorised by the client. I declare 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.			
Agency Worker:		Position:	
Agency Worker Signature:		Date:	

To be completed by client:

Please rate the how the agency worker performed this week:	Poor	Average	Good	Excellent
Skills demonstrated in line with the position				
Time keeping and management of workload				
Reliability				
Communication Skills				
Punctuality				
Organisation Skills				

CLIENT I am an authorised signatory for my department/organisation. I declare that the hours above have been worked by the Locum worker, and that I am authorising these hours for 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.			
Client Name:		Position:	
Client Signature:		Date:	

All timesheets must be emailed to contact@romegestaffing.co.uk