GP / OUT OF HOURS – Time Sheet



Section 1 – Ple	Section 1 – Please print details in block capitals Please Fax on completion to 01582 645 754																								
First Name														Last	: Nar	ne									
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 and signed daily.

	Date	Start Time	Break Start time	Break Finish time	Hours Claimed	Authorising Signatory Name	Position of Signatory Name	*Signature to confirm hours worked	Date
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
				Total					

*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.