

time sheet

Details

Locum name _____ Grade _____
 Address _____ Client _____
 _____ Department _____
 _____ Supervisor _____

Hours

| | Date | Start time | End time | Breaks | Standard hours worked | Overtime hours worked |
|----------------------------------|------|------------|----------|--------|-----------------------|-----------------------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Total hours and Overtime worked: | | | | | | |

Petrol/travel claim

Any claims for petrol or travel allowances must be entered in the box below and the authorising signatory must sign this box as well as the space below. Any petrol/travel claims which are not signed and confirmed in this manner will not be paid or invoiced

Petrol claim £ _____ or _____ miles at £ _____ per mile Total £ _____

Total amount of petrol claim £ _____

I authorise payment of the above amount - signed _____

Authorisation

As authorising signatory, I confirm that the above hours are the total hours to be invoiced

Line Managers signature _____ Date _____

Line Manager print name _____ Full Position _____

Locum signature _____ Date _____

By signing this timesheet I am confirming I have received, read, understood and agree to the Terms & Conditions of this business. That any change of relationship/status with a locum or any person introduced by this business may attract a fee under the Department of Trade & Industries **Conduct of Employment Agencies & Employment Businesses Regulations** (www.dti.gov.uk/er/agency/newregs.htm)