


Please print your NAME clearly. Please print the place where you worked i.e. GP Surgery, Prison, OOH Site etc. Please only use 1 timesheet per site you have worked at.

Locum Staffing 

GP – Time Sheet

Section 1 Please Fax on completion to 01582 345 355

PRINT LOCUM NAME _____ PRINT CLIENT NAME _____
(One Client per Timesheet)

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).

We cannot accept one timesheet per day if the days are within the same week.

	Date	Start/Finish Time (am)	BREAK Start / Finish Time	Start/Finish Time (pm)	Hours	Days (½ or full)	On Call Days	Admin Hours	Hours on Call	Visits
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
TOTALS										

Section 3 To be completed by the Client – Practice Manager or Lead GP to sign only

I authorise this timesheet and agree that the units stated are correct and I wish for you to send me an invoice for these units, without the need for another correspondence.

I understand that Locum Staffing Standard Terms of Business apply and we will not book or employ this Locum directly or through another agency. Unless we have prior written permission from Locum Staffing Limited. If this occurs the standard introduction fee will apply.

Authorising Sign Name _____
Job Title _____

Post to: LU2 8DL

The Locum Staffing working week starts on a Monday and finishes on a SUNDAY. Please only use 1 timesheet per Locum Staffing week.

Timesheet must be signed by a lead GP or Practice manager to guarantee payment. If it is signed by another member of staff and you have done additional hours to the original agreement, there may be a delay in payment, until we have authorisation from the practice manager or lead GP

Please note that it is your duty to ensure that the timesheet is completed correctly and returned back to ensure payment

GP – Time Sheet

Section 1

Please Fax on completion to 01582 345 355

First Name																				
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Surname																				
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Client																				
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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). To ensure payment, it is your duty to return a signed timesheet.

	Date	Start/Finish Time (am)	BREAK Start / Finish Time	Start/Finish Time (pm)	Hours	Days (½ or full)	On Call Days	Admin Hours	Hours on Call	Visits
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
TOTALS										

Section 3 To be completed by the Client – Practice Manager or Lead GP to sign only

I authorise this timesheet and agree that the units stated are correct and I wish for you to send me an invoice for these units, without the need for another correspondence. 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 Locum Staffing authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that Locum Staffing Terms of Business apply and we will not book or employ this Locum directly or through any other organisation. Unless we have prior written permission from Locum Staffing Limited. If this occurs the standard introduction fee will apply.

Authorising Signatory Name

Signed

Position

Date

Fax: 01582 345 355 | E-mail: timesheets@locumstaffing.co.uk

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

TIMESHEET DEADLINE – SUNDAY 11.59 pm