

**DOCTORS TIMESHEET
PLEASE WRITE IN CAPITAL LETTERS
AND USE 24 HOUR FORMAT**



Please email timesheets weekly to:
timesheets@mylocum.com or
FAX +44(0)208 554 8430
T: 020 8518 4336

First Name:							Last Name:				
Job Title:							Address:				
Hospital/ Trust:							Ward/Dept:				
DAY	DATE	START TIME	BREAK TAKEN	FINISH BREAK	FINISH TIME	TOTAL HOURS	BOOKING REF	AUTHORISED SIGNATURE	BREAK NOT DEDUCTED? Authorisation must be provided below		
MON									Name:	Signature	
TUE									Name:	Signature	
WED									Name:	Signature	
THUR									Name:	Signature	
FRI									Name:	Signature	
SAT									Name:	Signature	
SUN									Name:	Signature	
Total Hours:			Total Hours in Words:								
Travel/ Mileage:											
Induction and Orientation Training Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No											
I declare that the information given on this form is correct and complete, I have not claimed it elsewhere for the hours/ shifts declared on this timesheet. I understand that, if I knowingly provide false information this may result in disciplinary action and I will be liable to prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by NHS CFSMS for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.											
<ul style="list-style-type: none"> To ensure payment on Friday, this timesheet must be received by 12pm Tuesday of the following week. Timesheets without booking reference/ PO will not be processed In order for the timesheet to be paid, an authorised signature and name MUST be present in the last column AND BOTTOM OF THE PAGE for the corresponding shifts. MyLocum holds no responsibility if the trust refuses to pay despite the approval. 							<p>TRUST AUTHORISATION: I am an authorised signatory for my ward/ department/ NHS body. I am signing to confirm that both the grade of Locum and the hours/ shifts that I am authorising are accurate and I approve the 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 information from this form to and by the NHS body and the NHS CFSMS in England (or NHS CFS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution fraud.</p>				
Assessment			Poor	Satisfactory	Good	Notes					
Scientific Knowledge & Clinical Skills											
Professionalism & Conduct											
Communication											
Leadership & Initiative											
Locum's Name							Signature:		Date:		
Authorised Approver's Full Name: (IN BLOCK CAPITALS)							Signature:		Date:		