

Timesheet Medical Locums (Doctors)

TO BE COMPLETED BY THE TEMPORARY WORKER, (Please complete one timesheet for each client worked using black pen and block capitals)



Candidate First Name		<p>Email the scan copy of this Timesheet to nhs.timesheet@lhlocums.co.uk and Cc to relevant Consultant by every Sunday of the week in order for us to process your payment on time.</p> <p>Tel No: +44 (0) 333 014 6013</p> <p>FOR COMPLETION BY THE AUTHORISED DEPARTMENT SIGNATORY</p> <p>I am an authorised signatory for my Department. I am signing below to confirm that both the grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud, and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>
Candidate Surname		
GMC PIN		
Grade / Speciality		
Client/Hospital Name		
Location/Ward Name		

If you are moved to another ward please complete this timesheet with the new ward details.

Day	Date (DD/MM/YY)	Booking Reference	Shift Start Time (HH:MM)	Shift Finish Time (HH:MM)	Break Start Time (HH:MM)	Break Finish Time (HH:MM)	Total Shift hours (Excluding Break) (HH:MM)	Signature of the Candidate	Name of the Authorised Signatory	Authorised Signature	Date of Signature (DD/MM/YY)
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											
Sun											

I declare that the information I have given on this form is correct and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that the break is unpaid and 30 minutes will be deducted for 6 hours shift and 60 minutes will be deducted for 12 hours shift according to the policy of the trusts.

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