

# Locum Time Sheet

Locum Induction Completed

Please fill in the below in **BLOCK CAPITALS** and use black ink. WE CANNOT ACCEPT PHOTOS.

<b>Candidate Full Name:</b>	
<b>Job Title:</b>	<b>Band:</b>
<b>Hospital Name:</b>	<b>Department:</b>

	DATE	START TIME	FINISH TIME	LENGTH OF BREAK	HOURS WORKED	OVERTIME	REF. No. /P.O. No.
MON	: :						
TUE	: :						
WED	: :						
THU	: :						
FRI	: :						
SAT	: :						
SUN	: :						
<b>PLEASE USE 24 HOUR CLOCK</b> To ensure payment, this timesheet must be received <b>no later than 9am every Tuesday</b> . We recommend that you keep a copy of all completed timesheets for reference.					<b>TOTAL HRS</b>	<b>TOTAL O/T</b>	<b>GRAND TOTAL HRS</b>

<b>CANDIDATE</b> I declare that the information on this timesheet is accurate and correct. If there is a dispute regarding the hours claimed above, the locum is liable to repay any extra hours unless they have been duly authorised by the client. I declare that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. 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.			
<b>Agency Worker:</b>		<b>Position:</b>	
<b>Agency Worker Signature:</b>		<b>Date:</b>	

## To be completed by client:

Please rate the how the agency worker performed this week:	Poor	Average	Good	Excellent
Skills demonstrated in line with the position				
Time keeping and management of workload				
Reliability				
Communication Skills				
Punctuality				
Organisation Skills				

<b>CLIENT</b> I am an authorised signatory for my department/organisation. I declare that the hours above have been worked by the Locum worker, and that I am authorising these hours for 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. By signing the below you have acknowledged and agreed to Pure Healthcare Groups Terms & Conditions.			
<b>Client Name:</b>		<b>Position:</b>	
<b>Client Signature:</b>		<b>Date:</b>	

All timesheets must be emailed to [timesheets@purehealthcare.co.uk](mailto:timesheets@purehealthcare.co.uk)