

PLEASE FAX TO:

01908 810 204



FRESH MEDICAL
RECRUITMENT

Locum Timesheet

Section 1: Details

Name:	
Client Name:	
Grade:	
Speciality:	
Job Number:	

Section 2: Hours Worked

DAY	Date	Ordinary Time				On Call Hours			General Practice	
		Start	Finish	Break	Total Hours	Start	Finish	Total Hours	Visits <small>(If Applicable)</small>	Admin <small>(If Applicable)</small>
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total Hours (Minus Breaks)						Total Hours (Minus Breaks)				

Agreed Expenses: (Attach Receipts)

--

Section 1: Details

Doctor: I declare that the information I have given on this form is correct, complete and that I have not claimed elsewhere for time worked. I understand that if I knowingly provide false information this may result in disciplinary action. I understand that accepting positions directly with the client that have been referred or offered by Fresh Medical is in breach of terms and will attract a financial penalty fee.	Name:	Signature:
	Speciality:	Date:
Authorized By: (SENIOR MEMBER OF STAFF): I am an authorized signatory of the above named client. I am signing to confirm that the hours/shifts that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action. I understand and agree to Fresh Medical Recruitment Terms of Business - A standard introductory fee will be charged if the Doctor is taken on full time or allowed to change agencies.	Name:	Signature:
	Position:	Date: