



TIMESHEET

Name _____

Grade _____ Grade being covered _____ Speciality _____

Hospital where cover was provided _____

Day	Date	Start Time	Finish Time	Hours worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

TOTAL HOURS _____

TOTAL MILEAGE _____

<p>I certify that I have performed the above duties outside my regular contractual commitment.</p> <p>I confirm: a) Our agreement to the terms of business b) That the hours claimed are correct</p> <p>Locum Signature _____</p> <p>Date _____</p> <p>When accepting a locum through Locum Link you warrant that you will not exceed guidelines in doctors working hours</p>	<p>I certify that I am the supervising Consultant or a Senior Member from the Trust.</p> <p>I confirm that the total number of hours worked are correct and worked to my satisfaction</p> <p>Signature _____</p> <p>Position _____</p> <p>Date _____</p>
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