GP Locum Timesheet

Section 1

Please return the timesheets to the office by 9.00am on the monday following your placements

Surgery Name:

Senior Name:

Address:

Locum GP Name:

Section 2

1. Enter hours worked

	DATE	No OF HOURS AM	No OF HOURS PM	ON CALL
MON				
TUES				
WED				
THUR				
FRI				
SAT				
SUN				

2. Enter total hours worked

	No OF VISITS	TOTAL HOURS
TOTALS		

Section 3 – Statement

I confirm that I have worked the hours stated above. I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand if I provide false information this may result in disciplinary action. I understand that accepting any positions with a client directly, that has been referred or offered to me by Key Locums is in breach of our terms and conditions will be liable to a penalty fee.

Locum Signature

Date

I am an authorized signatory of the above named client. I can confirm the above named has carried out the above named duties and hours and that I approve payment. I understand that accepting any positions with a doctor directly, that has been referred or offered by Key Locums at any time is in breach of our terms and conditions and will be liable to an introductory fee. To avoid a financial penalty all bookings must go through Key Locums.

Signature

Title (senior practice staff member)

Print Name

Date

Please return this form either by post or fax to:

Key Locums, 11 Caroline Point, 62 Caroline Street, Birmingham, B3 1UF

Fax: 0844 561 0951