SMART Staffing Solutions

applocum

Locum Timesheet

Email to: accounts@applocum.com
Fax to: 0161 667 0484

Candidate Name:	AppLocum
Client Name:	155 – 157 Deane Road, Bolton, BL3 5AH Tel: 0161 711 0655 Fax: 0161 667 0484
Grade and Speciality:	

Date	Start Time	Finish Time	On Call Hours	Minutes taken for breaks	Approving Signature (client) for breaks not taken	Total hours after breaks deducted (hours/minutes)
Monday ….…/…..…/…..…						
Tuesday ….…/…..…/…..…						
Wednesday ….…/…..…/…..…						
Thursday ….…/…..…/…..…						
Friday ….…/…..…/…..…						
Saturday ….…/…..…/…..…						
Sunday ….…/…..…/…..…						
					Total Hours Worked	

To be completed by the Locum (yourself).

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 details 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. I consent to the disclosure of information from time to time to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name:

Signature:

Date:

To be completed by the Client.

I confirm that I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency Worker and the hours/shift 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 and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body of the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Name:

Position:

Signature:

Date:

REC Member

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