



MAYDAY locums

Primary Care Recruitment Experts

Timesheet

Section 1

Surgery Name:

Address:

Candidate Name:

Section 2

Enter hours worked

	Date	No of Hours AM	No of Hours PM	ON CALL	No of Visits	TOTAL HOURS
MON						
TUES						
WED						
THU						
FRI						
SAT						
SUN						
TOTALS						

Section 3

I confirm that I have worked the hours stated above. I declare that the information given on this form is correct and complete and that I have not claimed elsewhere for hours/shifts detailed on this timesheet. By signing below I hereby agree to MAYDAY locums Terms and Conditions.

Locum Signature

Date

I am the authorised signatory of the above named client. I can confirm the above named candidate has carried out the duties and hours as stated on this timesheet and I approve payment. By signing below I hereby agree to MAYDAY locums Terms and Conditions.

Print Name

Position (Senior practice staff member)

Signature

Date

Please return this form either by email, fax or post to:

Email: admin@maydaylocums.com

Fax: 0121- 688-6999

Address: MAYDAY Locums, Colmore Plaza, 20 Colmore Circus, Queensway, Birmingham, B4 6AT

Please return completed timesheets by midday on the Monday following your placements

Tel No: 0121 688 6888 | www.maydaylocums.com

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