

# Timesheet

Please fax signed timesheets on completion to **01922 214052**

### Section 1

<b>Locum Name</b>
<b>Surgery Name</b>
<b>Surgery Address</b>

### Section 2

Day	Date	No of Hours AM	No of Hours PM	On Call	Total Hours	No of Visits	Extra Patients
MON							
TUE							
WED							
THUR							
FRI							
SAT							
SUN							
TOTAL							

### Section 3

**I confirm that I have worked the hours stated above.**

Locum Signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm that the above doctor has carried out the above named duties and hours.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Senior practice staff member)

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**By signing this timesheet you are agreeing to our terms and conditions on our website.**

**Registered office:**  
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