

NCHD TIMESHEET

Please Note: Timesheets must be received before 12:00 on Monday (by email to timesheets@locummedics.com or by fax to 01 9015755) for processing in that week's payroll.

Doctor Name:

CAN-NUMBER:

Hospital Name:

Grade & Specialty:

Week Ending:

Hours												
	Date	Start	Break	Finish	Finish	On site	Off site	Total	Breaks			
Mon									<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Tue									<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Wed									<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Thu									<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fri									<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Sat									<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Sun									<input type="checkbox"/>	Y	<input type="checkbox"/>	N

Total Hours:

Timesheet not completed in full will not be processed. Locum Medics terms of conditions apply to this timesheet.

**Timesheets must be approved by authorised signatory only
(ie Medical Manpower and / or Consultant)**

Hospital Confirmation of hours worked

Consultant Name:

Consultant Signature:

IMC No:

Date:

Medical Manpower Signature:

Date: