



Weekly Employee Time Sheet

Employee Name : _____

Employee Surname: _____

Client: _____

Day of weeks	Date	Time in	Time out	Break start time	Break end time	Total hours worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total hrs						

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 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 this disclosure of information from this form to and by any Locum Health’s authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

This Section is to be completed by the Client – Senior Member of Staff Authorised only

I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band 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 the information from this form and by any Locum Health’s authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Locum Health’s terms and conditions.– All hours are billable, a standard introductory fee will be charged if the candidate is taken on full time or allowed to change agencies

Authorising Signatory Name: _____ Signed: _____

Position : _____ Date : _____

Please send your timesheets to:	Payroll@Locumhealth.co.uk
Any question regarding pay contact:	0203 931 5313