

Locum Timesheet

Email to: accounts@applocum.com

Fax to: 0161 667 0484

 $* All \, time sheets \, must \, be \, returned \, by \, 09:00 \, am \, Monday \, to \, ensure \, payment \, this \, week. \, Time sheets \, must \, be \, separate \, for \, each \, client. \, * \, Client \, and \, contains a contain a con$

Client Name: Grade and Specialty:				1 Merchant's Place River Street Bolton BL2 1BX Tel: 0161 711 0655 Fax: 0161 667 0484									
							Date	Start Time	Finish Time	Visits	Minutes taken for breaks	Approving Signature (client) for breaks not taken	Total hours after breaks deducted (hours/minutes)
							Monday/						
Tuesday/													
Wednesday//													
Thursday/													
Fridayl													
Saturday/													
Sunday//													
Total Hours Worked													
To be completed by the Locum (yourself).					Name:								
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 consecut to the disclosure of information from					Signature:								
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.					Date:								
To be completed by the Client.					Name:								
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					Position:								
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.					Signature:								
					Date:								



Candidate Name:

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AppLocum

Applocum Limited
Main – 0161 711 0655 | Fax – 0161 667 0484
www.applocum.com | accounts@applocum.com