

**TIMESHEET WEEK ENDING:**

Fax number: 0203 004 0950

Timesheets must be in by 08:30 on Monday

Phone Number: 0203 818 8999

Day	Date	Start	Break	Finish	Hours	Unsocial Hours	On Call Hours	Total Hours	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
								<b>Total Hours of Work:</b>	

**\*\*\*Candidate Declaration\*\*\***

I confirm that I have worked the total hours shown above.	
<b>Candidate Full Name (CAPITALS):</b>	
<b>Candidate Signature:</b>	
<b>Date:</b>	

**\*\*\*Client Declaration\*\*\***

The above times stated are an accurate record of days worked by the locum and Empire Locums are hereby authorised to invoice my organisation at the agreed rate. By signing this Timesheet I confirm that I have read and agreed to Empire Locums Terms and Conditions.	
<b>Client Signature:</b> PLEASE SIGN	<b>(AUTHORISED SIGNATORY)</b>
<b>Name of Authorised Signatory:</b>	
<b>Name of Department:</b>	
<b>Date:</b>	
<b>Name of Hospital:</b>	
<b>Hospital Stamp:</b>	