



**TIMESHEET**

**WEEK ENDING:**

**Time Sheets must be in by 12:00pm on Mondays**

**FAX NUMBER: 0844 824 3513**

**PHONE NUMBER: 0844 824 3512**

Day	Date	Start	Break	Finish	Total Time
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.

**CANDIDATE FULL NAME (CAPITALS):** \_\_\_\_\_

**CANDIDATE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*\*\* 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.

**CLIENT SIGNATURE:** \_\_\_\_\_  
(AUTHORISED SIGNATORY)

**NAME OF HOSPITAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**HOSPITAL STAMP:** \_\_\_\_\_