

Locum Weekly Timesheet



Locum Name: _____

Hospital Name: _____

Supervisor Name: _____

Locum Position: _____

Week commencing: _____

Day of Week	Regular Hrs	Overtime Hrs	Oncall	Callbacks	Other	TOTAL HRS
Mon ____/____						
Tue ____/____						
Wed ____/____						
Thu ____/____						
Fri ____/____						
Sat ____/____						
Sun ____/____						
Total Hrs:						
Rate/Hour:						
Total Pay:						

Total Hours Reported: _____

Total Pay: _____

Travel - Mileage / Flights (please attach receipts if applicable) _____

Accommodation - Per night (please attach receipts if applicable) _____

Signature - Locum

Date

Signature - Supervisor / Approved Hospital Representative

Date

PLEASE EMAIL (kerrie.dudley@antipodeanmedical.com) or FAX BACK TO ANTIPODEAN MEDICAL RECRUITMENT WITH RECEIPTS:-
+44 704 308 4079