



Section 1

On completion fax to: 0870 762 5229

Locum Name
Speciality
Grade
Locum No
Client No

Client Name
Department
Reporting to
Supervisor

Section 2

1. Standard/basic duties – enter hours worked

	DATE	START TIME	FINISH TIME	BREAK	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
TOTALS							

2. Stand By/ on call hours

Stand By/ on call hours					Actual Hours Worked		
	DATE	START TIME	FINISH TIME	HOURS ON CALL	TIME CALLED	TIME FINISHED	HOURS WORKED
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
				TOTAL	TOTAL		

Section 3 – As authorising signatory I confirm that the hours and totals given in section 2 are correct, please forward an invoice.

Authorising Signatory Name
JobTitle

Signed	Date
LocumSigned	Date

Our standard terms and conditions apply to this booking. Standard introductory fee will be charged if Locum is taken on full time or allowed to change agencies. See Terms & Conditions for full details.

Section 4 – TRAVEL CLAIM SECTION IMPORTANT- PLEASE READ BELOW BEFORE AUTHORISING

Only fill out this section of the form if you are authorised to sign claims for travel expenses. If you are not sure do not sign and speak to management first. If this section is signed then we will pay the Locum the amount entered and invoice the Client. **Please be certain you are authorised to sign.**

By car Petrol Claim £	or	miles @ £	= £	By other means of Transport
£	means of transport	Total amount claimed for travelling £		

I authorise payment and invoice of the amount claimed for travelling by Locum.	Signed	Date
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