



TIME SHEET					
Practice / Surgery name:			NMC Pin Number:		
Your Name:			GMC / NMC Number:		
Please claim only for hours worked/hours on call					
Date	Day	Start Time	Break	Finish Time	Total Hours
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Weekly Hours					
I hereby confirm that whilst acting as a locum for Coben Healthcare Ltd I will not exceed the maximum statutory requirement of 48 hours a week or 24 consecutive hours in any week. I understand that hours worked include any other work that I may be undertaking whether or not the work involved is at my substantive post or any other Trust/Health Authority/Private practice. I can confirm that the hours claimed are correct.					
Additional Notes:					
Locum Signature:			Date:		
PROMPT PAYMENT CAN ONLY BE MADE WHEN A TIME SHEET IS DULY SIGNED AND AUTHORISED					
Authorising Signature:			Date:		
Please Print Name:			Position:		
Please Fax Back to 01254 898909 - Email Accounts@cobenmedical.com					

*******Please Note: Timesheets received after 10AM on a Tuesday will not be included in payroll for that week. It is YOUR responsibility to ensure this timesheet is signed by the correct person on site *******