



**Address:**  
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## TIME SHEET

**Locum Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Name of Clinic:** \_\_\_\_\_

**Week Ending Date:** \_\_\_\_\_

	Date	Shift Start	Break Start	Break End	Shift End	Actual Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>TOTAL HOURS WORKED</b>						

I declare that this information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings.

**LOCUM SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

Authorisation: We confirm the hours shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business.

**AUTHORISING SIGNATURE:**

**NAME:**

**POSITION:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

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