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Doctor: ..... Hospital or Trust: .....  
 Grade and Specialty: ..... Week ending: .....  
 Telephone No: ..... Booking ref: .....

DAY	DATE	START	FINISH	BREAK	SIGNATURE	HOURS
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

TOTAL

Please send your completed timesheet by either:

**FAX: 01483 24 34 10      POST: at address above      EMAIL: accounts@e-locums.co.uk**

**LOCUM DOCTOR**

I declare that the 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. I consent to the disclosure of information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed by Doctor: .....

Print Name: .....

**HOSPITAL / CLIENT**

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. 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. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed by Authorised Signatory: .....

Print Name and Role: .....

**Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060.**