



**TIME SHEET**

<b>Practice / Surgery name:</b>	<b>NMC Pin Number:</b>
<b>Your Name:</b>	<b>GMC / NMC Number:</b>

**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				
<b>Total Weekly Hours</b>					

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:

<b>Locum Signature:</b>	<b>Date:</b>
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**PROMPT PAYMENT CAN ONLY BE MADE WHEN A TIME SHEET IS DULY SIGNED AND AUTHORISED**

<b>Authorising Signature:</b>	<b>Date:</b>
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<b>Please Print Name:</b>	<b>Position:</b>
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Please email your timesheet to [Timesheets@cobenmedical.com](mailto:Timesheets@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 \*\*\*\*\***