



THE PATHOLOGY GROUP

LOCUM TIME SHEET

Please fax to: +44 (0) 203 137 9992

CLIENT/TRUST: _____ LOCUM NAME: _____

WEEK ENDING DATE: _____ GRADE & SPECIALITY: _____

	DATE	START	FINISH	ACTUAL HOURS WORKED
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
			TOTAL	

I confirm that I have worked

Write number of hours in words

hours

SUMMARY OF EXPENSES	Note: It must be assumed that travel is not paid unless authorised by the Pathology Group at the time of booking. Travel receipts must be sent with any travel claims. Standard mileage is paid at 23 pence per mile.	AMOUNT
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
	TOTAL	

CLIENT SIGNATURE: _____ PRINT NAME: _____

CLIENT JOB TITLE: _____ DATE SIGNED: _____

LOCUM DOCTOR SIGNATURE: _____

I hereby accept the above terms and agree to be bound by Pathology Group's terms and conditions.

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