coremedical

At The Heart Of Medical Recruitment

TIMESHEET

FAX NUMBER: 0844 967 0281

CANDIDATE FULL NAME:

NAME OF HOSPITAL:

WEEK ENDING:

Timesheets MUST be sent in by 5.00pm every Monday or your payment may not be processed for that week.

Day	Date	Start	Break	Finish	Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
			Total hours of work		

*** CANDIDATE DECLARATION *** I confirm that I have worked the total hours shown above.	
CANDIDATE	
DATE:	
*** CLIENT DECLARATION *** The above times stated are an accurate record of days worked by the locum and Core Medical are hereby authorised to invoice my organisation at the agreed rate. By signing this Timesheet I confirm that I have read and agreed to the Agencies Terms and Conditions.	
CLIENT NAME	
CLIENT SIGNATURE	
DATE	
HOSPITAL STAMP	

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