TEAM24 DOCTORS TIMESHEET

1st Copy: Send **once** to Team24 - 2nd Copy: Leave with the Client - 3rd Copy: Keep for your records

Please either Email or Post your Timesheet by Monday 12PM:

Email: timesheets@team24.co.uk

Post: Team24 Ltd, 2nd Floor, Pathtrace House, 91-93 High Street, Banstead, SM7 2NL

Telephone: 0845 370 2424 (Wednesday - Friday)

Section 1: Please write your first name on the top line, your surname on the second line and the Client name on the third line. E.g. Hospital name

First Name	
Surname:	
Client Name:	

Section 2: Please minus your breaks when totalling your hours worked & ensure you use the 24hr clock. If no break was taken, write **NB** in the space provided

		ORDINARY TIME				ON CALL HOURS				
DAY	**DATE**	**START**	**BREAK**	**FINISH**	**TOTAL HRS**	**START**	**FINISH**	**TOTAL HRS**	**VISITS (IF APPLICABLE)**	**ADMIN (IF APPLICABLE)**
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
				TOTAL HRS (MINUS BREAKS)				TOTAL HRS (MINUS BREAKS)	AGREED EXPENSES: (ATTACH RECEIPTS)	

Section 3: Please ensure your timesheet is fully completed and either emailed or posted to Team24 before Monday 12PM to secure payment on that week. Failure to do so may result in your payment being delayed and/or amended

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 this disclosure of information from this form to and by any Team24 authorized body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.	Name: Speciality:	Signature: Date:
AUTHORIZED BY: *(SENIOR MEMBER OF STAFF)* I am an authorized signatory of the above named client. I am signing to confirm that the Job Profile Title and Band 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 the information from this form to and by any Team24 authorized body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Team24's Terms of Business - A standard introductory fee will be charged if the Doctor is taken on full time or allowed to change agencies.	Name: Position:	Signature: Date: