



TIME SHEET

Locum and / or Limited Company Name:.....

Week ending
Friday:.....(date)

DAY	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
Shift Times								
Hours Worked								

Timesheet approved by Atlantis Medical Client’s authorised signatory.

I confirm that the hours shown above have been satisfactorily completed and are accurate. I agree that by signing this timesheet I authorise Atlantis Medical Limited to invoice my hospital for these hours upon receipt of the Locum’s copy of the timesheet.

Hospital/Lab Signatory Name:

Position :.....

Organisation:.....

Signed.....Dated.....

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