**Time sheet**

Out of hours Booking Hotline: 07958 180977 | timesheets@tempdent.co.uk

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nurse’s Name:** | | | | | |
| **Practice Name:** | | | | | |
| **Practice Address:** | | | | | |
|  | | | | Hours | Minutes |
| **Monday** | Date | / / |  |  |  |
|  | am | to |  |
|  | pm | to |  |
| **Tuesday** | Date | / / |  |  |  |
|  | am | to |  |
|  | pm | to |  |
| **Wednesday** | Date | / / |  |  |  |
|  | am | to |  |
|  | pm | to |  |
| **Thursday** | Date | / / |  |  |  |
|  | am | to |  |
|  | pm | to |  |
| **Friday** | Date | / / |  |  |  |
|  | am | to |  |
|  | pm | to |  |
| **Saturday** | Date | / / |  |  |  |
|  | am | to |  |
|  | pm | to |  |
| I confirm that the above locum has worked the hours stated satisfactory and that your invoice will be paid in accordance with your payment terms. Furthermore, I understand that if we subsequently engage the locum or introduce them to a third party, then a placement fee may be charged in accordance with your terms and conditions. | | | **Total** |  |  |

…………………………………………………………. ……………………………………………. ……………………………………………….

Authorised Signatory: Print Name: Position: