



# CES Locums

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## TIMESHEET

Doctor Name:

Doctor ID:

Specialty:

Grade:

Base of Work:

Day	Date	Start Time	End Time	Total Hrs.
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
<b>TOTAL WEEKLY HOURS:</b>				

Travel Expenses/Other Expenses:

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**Employee's Declaration:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorised on Behalf of the Client by:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_