

**Hospital Locum Doctor Timesheet**

Doctor's Name ..... Period Ending ..... |..... |.....

Hospital .....

Department/Grade .....

Shift Start Date	Ordinary Time				On Call			Call Back		
	Start	Finish	Break	Hours	Start	Finish	Hours	Start	Finish	Hours
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
	<b>Total Hours</b>				<b>Total Hours</b>			<b>Total Hours</b>		

Claimable Allowances  
**Please attach a tax receipt for all expenses.**

Doctor's Signature..... Hours And Expenses Authorised By .....

- IMPORTANT: To ensure you receive your payment on time it is your responsibility to:**
1. Complete your timesheet and have it authorised at the end of your final shift. **Often, the best person to get this done is your department supervisor.**
  2. Fax it to Triple0 on our Freefax number: (NZ) 0800 17 0009 (Aus) 1800 00 9672
  3. Hand a copy of your timesheet into the Medical Administration/RMO Unit.