

# Locum Timesheet and Performance Review

Timesheet Deadline: 5.30PM on Mondays

(FAX: 01277 280635 or email: accounts@tlagroup.co.uk)



Locum Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Grade/Specialty: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Department: \_\_\_\_\_ Reporting To: \_\_\_\_\_

## Total Hours

Day	Date	Start Time	Finish Time	Lunch	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Weekly Total</b>					

**DECLARATION BY LOCUM WORKER:**  
 "I declare that I have/have not received an induction at my placement. 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 the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

**DECLARATION BY AUTHORISED SIGNATORY:**  
 "I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade 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 information from this form to and by the NHS body and the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud" Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England) or 0800 015 1628 (within Scotland)

Locum Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Locum Print Name: \_\_\_\_\_

Client Print Name: \_\_\_\_\_

## Petrol/Travel Expenses

<b>Petrol Claim:</b> Miles Travelled: _____ at £ _____ per mile	
<b>Other Travel:</b> _____	
<b>Weekly Total</b>	

As authorising signatory, I declare that the above is the total travel to be invoiced.

Locum Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Client Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Performance Review - Please tick

KNOWLEDGE:	Excellent	Good	Average	Poor	ATTITUDE:	Excellent	Good	Average	Poor
Standard of Work					Reliability				
Performance					Communication				
Clinical Knowledge					Initiative				
Skills/Work Capability					Administration				
Managerial Skills					Timekeeping				
RELATIONSHIPS:	Excellent	Good	Average	Poor	PERSONAL ATTRIBUTES	Excellent	Good	Average	Poor
Colleagues					Appearance				
Patients					Professionalism				
Other Staff					Conduct				
Communication Skills									

Training needs Identified: .....

Comments from Supervisor: .....

Supervisor Name: ..... Signature: ..... Date: .....

**Candidate Statement:** I have seen the assessment report and I agree/disagree with the comments (delete as appropriate)

Signed: ..... Print Name: .....