MD RECRUITMENT.

# WEEKLY LOCUM TIMESHEET

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| **LOCUM DOCTOR:** | |
| **MP NUMBER:** | |
| **HOSPITAL:** | |
| **SPECIALITY:** | |

| **SHIFT DETAILS** | | | | **MEAL INTERVAL** | | |
|---|---|---|---|---|---|---|
| **DAY OF THE WEEK** (first 3 letters of the day) | **DATE** (DD/MM/YYYY) | **START TIME** (24hr digital time) | **END TIME** (24hr digital time) | **Break Start Time** (24hr digital time) | **Break End Time** (24hr digital time) | **Total Hours** (Excl. Break Time) |
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**Timesheets must be approved by an Authorised Signatory Only**

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| **Locum Signature:** | **Date:** | |
| **Name in Print (Authorised Hospital Signatory):** | | |
| **Signature of Authorised Signatory:** | **Date:** | |

**Payments cannot be processed if the timesheet is not completed fully and is not submitted timeously.**
**Please forward to locums@mdinc.co.za**