



TIMESHEET

UNITED MEDICARE LTD
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Name:	Hospital:
<input type="text"/>	<input type="text"/>
Doctor I.D. No:	Ward/Department:
<input type="text"/>	<input type="text"/>
Booking Reference No:	Grade:
<input type="text"/>	<input type="text"/>

	Date	Time Start	Breaks	Time Finish	Extra Hours	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Grand Total:	<input type="text"/>

AUTHORISATION by CONSULTANT

I certify that the information regarding the hours worked, set out opposite, is correct.

Signature:

Name:

Position:

Date:

PLEASE NOTE TIMESHEETS MUST BE FAXED OVER BY MONDAY - 10AM IN ORDER FOR YOUR SALARY TO BE PAID ON TIME
 FAILING TO DO THIS WILL DELAY PAYMENT UNTIL THE FOLLOWING WEEK