



Locum Timesheet

PH: (03) 9882 8231 Fax: (03) 9828 1280

| Office Use Only | |
|---------------------|-------|
| Regular Hours Pay @ | _____ |
| Sat Hours Pay @ | _____ |
| Sun Hours Pay @ | _____ |
| KM's Pay @ | _____ |

Locum Employee's Name: _____

Pharmacy Name: _____

Pharmacy Owner/Manager/Co-worker Name: _____

Week Ending Friday: _____

| Day | Date | Start Time | Break (in minutes) | Finish Time | Hours Worked | Travel (in KM's) |
|--------------|------|------------|--------------------|-------------|--------------|------------------|
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total | | | | | | |

Please note lunch breaks must be deducted from hours worked

Locum Employee's Signature: _____

Pharmacy Owner/Manager/Co-worker Signature: _____

(you must have the signature of a permanent staff member)

Client Authorisation: I confirm that the hours stated on this timesheet are true and correct. The work performed was at a satisfactory level. I understand that Locum staff are provided in accordance with your terms of business.

Timesheets must be faxed in by close of business by Friday week ending. Fax: 9828 1280