



PEGASUS
MEDICAL LOCUMS

Timesheet

Please return signed timesheets to the office by 9.00am on the Monday following your placements.

Surgery Name
Address
Locum Name

	DATE	SURGERY TIMES				TOTAL HOURS	VISITS	EXTRA PATIENTS
		AM	ON CALL	PM	ON CALL			
MON								
TUES								
WED								
THUR								
FRI								
SAT								
SUN								
TOTAL								

I confirm that I have worked the hours as stated above

Locum Signature _____ Date _____

I confirm that the above named has carried out the above duties and hours

Signature _____ Title _____
SENIOR PRACTICE STAFF MEMBER

Print Name _____ Date _____



Registered office:
Pegasus Medical Locums Limited
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